

COURSE COORDINATOR MANUAL

UTAH DEPARTMENT OF HEALTH
DIVISION OF HEALTH SYSTEMS IMPROVEMENT
BUREAU OF EMERGENCY MEDICAL SERVICES

2003



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INTRODUCTION

The Bureau of Emergency Medical Services is charged with insuring the quality of pre-hospital emergency medical care. This is accomplished by establishing training standards for EMS personnel with input from the medical community and advisory committees. As the Course Coordinator, you are responsible for conducting each course in accordance with these training standards, and ultimately preparing each student for certification.

This handbook is designed to acquaint a Course Coordinator with the requirements that must be met in order for a course to be approved and recognized by the Bureau. A thorough knowledge of the material contained herein will help insure an organized, high quality training program.

The last section of this manual contains the Utah Administrative Rules for Training and Certification, R426-12. At all times, the Administrative Rules and the Utah EMS Systems Act supercede this manual. The latest updates can be found at the website:

<http://www.rules.utah.gov/publicat/code/r426/r426.htm> select section 12, Training and Certification Standards.

Please contact the Bureau of EMS, Standards and Evaluations Program, at (800) 284-1131 or 801-538-6435 if you have any questions.

GENERAL STANDARDS FOR COURSE PERSONNEL

1. COURSE COORDINATORS shall not be present during state administered practical or written tests, if their students are being tested.
2. Bureau personnel shall have unconditional access to all educational activities and records described in the Course Coordinator Manual to make audits and inspections of all course records.
3. The Bureau shall be held harmless for negligent acts or omissions of any employees or persons retained by COURSE COORDINATOR.
4. All information regarding students shall be treated as confidential. Publication of any information that would identify an individual is prohibited except upon written consent of that individual.
5. The duties and responsibilities delineated as COURSE COORDINATOR are to be performed personally and shall not be assigned, sublet, or transferred to any other individual or company without a written request made to the Bureau.
6. The COURSE COORDINATOR has no authorization, expressed or implied, to bind the State of Utah or its state agencies to any agreement, settlement, liability, or understanding whatsoever, nor to perform any acts as agent for the State of Utah.
7. COURSE COORDINATORS shall have on file with the Bureau, a written policy reflecting Federal guidelines on the Americans with Disabilities Act and Sexual Harassment. (See Appendix B-Supplemental Materials).
8. The COURSE COORDINATOR will be held accountable for any attempt by individuals retained by the COURSE COORDINATOR, to compromise the integrity of the state's written or practical testing. The COURSE COORDINATOR is further obligated to notify the Bureau of such attempts.
9. The COURSE COORDINATOR must be certified to the level of the course they coordinate.
10. In order for the course to be approved and recognized by the Bureau, each course must have a certified Course Coordinator.
11. The DOT curriculum and this standard are not open to modification, interpretation, or change without approval from the Bureau, or where applicable, the EMT Subcommittee.
12. The COURSE COORDINATOR shall exceed the standards of practice and conduct in all interactions they are involved with.

ORGANIZATION OF THE EMS PROGRAM, AND PERSONNEL SELECTION

1. Course Medical Director Requirements and Responsibilities:

- a. Should be a local physician with emergency medical experience who will act as the ultimate medical authority regarding course content, procedures, and protocols.
- b. Assist in recruiting physicians to present materials in class, settle questions of medical protocol, and act as a liaison between the course and the medical community.
- c. Approve, along with the Course Coordinator, all Instructors and course personnel.
- d. Review the quality of care rendered by the EMS provider in the clinical and field setting.
- e. Ensures student completion of competence in the cognitive, affective, and psychomotor objectives, as outlined in the National Standard Curriculum (NSC) and Bureau Teaching & Testing Protocols (TTP). The course Medical Director will also co-sign all documents recommending or not recommending student for certification.
- f. Review all examinations and student re-mediation activities.
- g. May serve as a Primary Instructor.
- h. For the EMT-B course, the medical director must be present for at least 20 hours of the course. The Medical Director may designate another doctor in order to provide physician guidance for the 20 hours. In all other courses, contact with the class is required, but a specific amount of contact time is up to the Medical Director and Course Coordinator.

2. Course Coordinator Requirements and Responsibilities:

- a. Acts as liaison between students, sponsoring agency, local medical community, and the Bureau.
- b. Assures completion of the course goals, objectives, information, and training standards set forth in the EMS NSC, Course Coordinator Manual, and Bureau policies, and administrative rules.
- c. Insures Bureau course standards are met:
 - (1) Videos/films shall not be used in lieu of an Instructor, without Bureau approval.
 - (2) Class size shall not exceed 36 students.
 - (3) A ratio of not more than six students to one EMS Instructor must be maintained during practical sessions.
 - (4) Provide adequate physical environment for the success of the overall program to include:
 - (A) Safe, comfortable seating for all students.
 - (B) Adequate space for skills demonstration and practice.
 - (C) Adequate heating/cooling, ventilation, lighting, and rest room facilities.
 - (A) Store and maintain all Bureau owned equipment in a secure, clean, dry place. It is recommended that all the required equipment for the program be stored at the teaching facility to assure availability for its use.
- d. Insures that all equipment required for teaching is available and in working condition prior to the start of each class.
- e. Insures all necessary Instructors are present prior to the start of each class.
- f. Must be in attendance not less than 70% of all classes for each course.

3. Primary Instructor Requirements and Responsibilities:

- a. Should be knowledgeable in all aspects of pre-hospital emergency care, techniques of adult education, and management of resources and personnel.
- b. Must successfully complete a Bureau approved program in EMS instruction and be currently certified as an EMS Instructor.

- c. Should be present at most, class sessions to assure program continuity. Identify students who have achieved the cognitive, affective, and psychomotor skills necessary to function as an EMS professional.
- 4. Assistant Instructor(s) Requirements and Responsibilities:
 - a. Assists the primary instructor with the demonstration
 - b. Practice designed to develop and evaluate student skill competencies.
- 5. Practical Instructors Requirements and Responsibilities:
 - a. All instructors evaluating and assisting with practical sessions must be currently certified as EMS instructors and certified at least to the level of the course.

Note: Coordinators may utilize individuals who are knowledgeable in different areas to present lectures and skills, however, only Bureau certified Instructors are authorized to document successful completion of skills and curriculum objectives on the Practical Training Record.

COURSE DOCUMENTATION AND RECORDS

The parentheses indicate which courses are required to submit information, i.e (B) is for basic courses only, (All) is for all courses.

COURSE REQUEST

1. Prior to requesting a course, the Course Coordinator is responsible to ensure the Bureau has a current copy of the following policies (All):
 - a. The Course Coordinator's Americans with Disabilities policy.
 - b. The Course Coordinator's harassment policy.
 - c. A completed Training Standards Agreement.
2. The following documents must be submitted to the Bureau no later than 30 days and no earlier than 90 days prior to the start date of the course (All):
 - a. A course request submitted online via the Bureau's Emergency Medical Services Information System (EMSIS). To submit a course request: go to <https://bems.state.ut.us> and log in with your username and password, supplied by the Bureau. Click on the top black area on the word "coordinator". A list of words will appear on the left in the red area. Click on "request course" and the course request form will appear on the main page. Complete all information and then click next. The last page is for days and times of the course and selecting a course co-coordinator, if desired. Once all the information is completed, click the "finish" button.
 - b. A State equipment rental request (if state rental equipment is needed).
 - b. A course schedule listing subject, date, time, instructors, breakdown of instructional hours, and locations of each class.
 - c. A course request fee in the form of check, money order, or a hard copy purchase order must be submitted to the Bureau. Fees for course requests can be obtained from the Bureau. Only governmental agencies can submit purchase orders.
3. The following must be submitted at the time of course request (for IA only).
 - 1) Affiliation agreement(s) with the sponsoring institution must include all memorandums of understanding(s), articulation agreement(s), etc.
 - 2) All agencies, organizations, and facilities where the students perform clinical and field rotations, provide all memorandum of understanding(s) or the like.
 - 3) Provide a schedule and description of when and where all clinical requirements will be fulfilled.
 - 4) The preceptor training plan for preceptors who evaluate EMT-IA students
 - 5) Statement from the institution giving the Bureau or assigned representative full access to records, facilities, and students, with or without notification for inspection purposes, site visits, and other requirements by the Bureau.

- 6) Submit all written evaluations that will be given in the course, and show that all objectives of the EMT-IA curriculum are met.
- 7) Submit evaluations techniques on how the affective and psychomotor domains will be evaluated.
- 8) Statement from the Course Coordinator that they will adhere to all policies and procedures in the EMT-IA Course Management Manual.
4. Adhere to the policies and procedures in the Utah Paramedic Training Program Accreditation Standards Manual. (P)

AFTER START OF COURSE:

1. Within five working days after the course starting date:
 - a. Ensure applications are filled out completely, signed by the students, notarized, and criminal histories are documented on the back of the application form.
 - b. Students with criminal histories should be encouraged to contact the Bureau before starting a course, to determine if criminal history is such that it would disqualify the student from certifying.
 Note: Criminal histories are a confidential record and the Course Coordinator may be held liable for any breach of confidentiality of a student's criminal records (All)
 - c. Finger print cards are submitted with the application for any student who needs an FBI check. (All)
 - d. Return completed original applications to the Bureau. Copies will not be accepted (All)
 - e. Include one photo, minimum of 1 7/8" x 1 1/8", maximum of 1 1/4" x 1 2". (B)
 - f. Submit all test and certification fees with the application (All).
 - g. Attach a complete, signed and notarized Declaration of Understanding (B).
 - 1) The Course Coordinator must notify any student who may qualify under the Americans with Disabilities Act (ADA) at the beginning of the course that the student may complete the course and may be certified depending on their ability to perform the essential functions of the position.
 - 2) If a student has a disability requiring special accommodations, they must submit in writing to the Bureau, a request for specific accommodations. Requests for accommodation must be submitted to the Bureau within the first two weeks of the course.
 - h. Submit a complete, signed, and witnessed Student Acknowledgment of Bureau Policies. (All)
 - i. Ensure students who wish to apply for certification will be at least 18 years of age within 90 days of the completion of the course (B).
 - j. Any missing items may be grounds to return all students applications. (All)
 - k. All students will have a TB test completed. Results to be submitted to the Bureau, and any positive tests must be seen by a medical doctor. (All but EMD)
2. All changes to the course schedule, including dates, topics, locations, and instructors, must be submitted to the Bureau within three working days of the decision made to alter the schedule and prior to the date of the proposed change. (All)

AT COMPLETION OF COURSE:

Within five working days after the course ends and **prior** to students being allowed to test, submit to the Bureau:

1. A roster of all EMS Instructors, stating full name and EMS number with the number of hours, subject(s), and date taught.
2. A Bureau approved letter of recommendation signed by the Course Coordinator and Medical Director verifying completion of the course with the names of each student recommended for certification. A copy of the forms to be used are in Appendix C. These documents verify that you and the medical director have through personal attestation that the individual has:
 - a. demonstrated they can perform, with competence required by the level of certification,

- b. completed required clinical training,
- c. completed the minimum hours of instruction, and
- d. completed all of the requirements outlined by the DOT NSC, Utah revised curriculum, and Bureau policies.

Note: Even though a student has completed a course of instruction the Bureau reserves the right to deny certification for good cause.

3. The final course schedule showing the actual course was conducted (see example form in Appendix C).
4. All fees for student materials and equipment provided by the Bureau.
5. Return or replace all including lost, stolen, or damaged Bureau owned equipment rented by the Course Coordinator.
6. The Course Coordinator must also submit documentation for each student that will not be recommended for certification and explain why the student is not being recommended. This will be on a separate letter than the recommendation form. (All).
7. All courses approved must have all students obtain a TB test. Course Coordinators will maintain the results of the TB tests for the same amount of time they are required to maintain all other course records. Any positive tests must be seen by a medical doctor.

RETENTION OF RECORDS:

The following records must be maintained by the course coordinator for a period of seven years.

1. Copies of the student's application forms (original must be submitted to the Bureau).
2. Copies of the student's Declaration of Understanding and student acknowledgement of Bureau policies and procedures.
3. Records of daily student attendance and performance for each lesson, including comments, as appropriate, regarding the need for: improvement of skills, knowledge, attitudes, or personal habits. Attendance forms should include date, total hours, subject, and Instructors.
4. Results and content of evaluation and counseling sessions, including remediation forms as necessary.
5. Grades for each written examination and completed checklists for each skill evaluation.
6. Practical Training Record forms for each student, indicating all training has been completed and the student has demonstrated proficiency in all the skills required by the Bureau Teaching and Testing Protocols and the objectives of the EMS curriculum.
7. Instructor performance evaluations from the Course Coordinator and quality improvement surveys from the students for each instructor. Orient instructors to the requirements and content of the material they are expected to teach and maintain records of any remediation given to the instructors.
8. Document that each student completed the required clinical experience (see clinical requirements).
9. Description of the clinical (ER experience) and field rotations (ambulance experience).
10. Anything sent to the BEMS.

COURSE QUALITY IMPROVEMENT AND AUDITS

There is a distinction between Quality Improvement and Audits. Quality Improvement is a means to improve the program's effectiveness at providing a sound educational experience. Audits are a detailed inspection of the programs record keeping. The Quality Improvement can be a collaborative effort between the Course Coordinators and BEMS to improve the educational program. The course audits are an inspection conducted by BEMS to ensure proper record keeping.

Quality Improvement

Quality Improvement is the means to improve the course coordinators program(s) through various

processes. The goal is to improve the effectiveness and efficiency of the program(s), to help insure better courses. The program staff should evaluate the program's effectiveness once a course is completed. This evaluation should also include the student's point of view. This can be obtained by post program evaluation surveys. To evaluate the program's effectiveness the staff would ask the following questions, as a sample:

- Did the program conform to the course design?
- Were the resources adequate?
- Were the skills labs effective?
- Did the guest speakers provide valuable information?
- Were the instructors effective in delivering the material?
- Can other instructional methods be incorporated in future courses?
- What were the participants' comments?
- How could the course be improved?
- Was the course cost effective?

At the end of the program a meeting should take place and be attended by all faculty members to determine if the course met the desired goals. Items reviewed should include content design, measurements, course completion criteria, and participant comments. When this process has been accomplished, adjustments may be indicated for future programs.

The Bureau can assist the Course Coordinator with the Quality Improvement process in various ways, or it may be a sole venture.

1. Helping the course coordinator assess the validity and reliability of written and practical evaluations used in the course(s).
2. Assist in the starting of a self-study, a thorough analysis of all functions of the program.
3. Instructor development processes.
4. Application of technology in the classroom.

These are just a few areas that the Bureau can assist in. The Quality Improvement process can be conducted without any support or direction from the Bureau; it would be a sole venture by the program staff on the program's behalf.

Audits

The course audit process is to ensure all records for the course are maintained by the course coordinator and they are accurate and in compliance with the requirements in this document, Bureau policies, administrative rules, and the EMS Systems Act. This is a detailed inspection of all records for a course or several courses. The main emphasis is to ensure correct and accurate documentation of course records. The audit will not be conducted in conjunction with quality improvement assistance.

MINIMUM HOUR REQUIREMENTS:

1. EMT-Basic
 - a. 120 hours of classroom instruction and practical lab time.
 - b. 10 hours of clinical experience.
2. EMT-Intermediate - 53 hours of classroom instruction and practical lab time.
3. EMT-Intermediate Advanced
 - a. sufficient hours classroom instruction and practical lab time so the students obtain competency in all of objectives of the EMT-IA NSC, Utah Revised.
 - b. clinical experience requirements as outlined in IA guide.
4. Paramedic
 - a. 1160 hours of classroom instruction and practical lab time.
 - b. clinical experience requirements as outlined in paramedic guide.
5. EMD

- a. 24 hours of classroom instruction and practical lab time.

CLINICAL EXPERIENCE

The Bureau has been requested by the hospital and ambulance services to advise you of their requirements and standards. The Bureau has in turn advised all agencies to send student's home if they do not meet the agency standards or are not properly cleaned and dressed and follow the following procedures:

1. The student must wear appropriate clothing for a health care environment. This means clean, odor free, intact (not ripped or torn), and comfortable clothing. No dirty or worn jeans, shorts, tennis shoes, sandals, T-shirts, or clothing with anything offensive on it.
2. The students should be clean shaven or if they have a beard it should be neatly trimmed. Long hair may have to be fastened back. The Course Coordinator must contact the facilities that the students will be working in and find out the particulars of their dress code and forward that information to the students.
3. The Course Coordinator will be responsible to insure the students have received adequate training in blood borne pathogens to assure their safety in the clinical environment. The Course Coordinator must have a written plan for students to follow in the event of contamination or exposure. This may be accomplished through an agreement with the clinical agency.
4. The students must wear an identification badge, have a pen and a watch, and bring their Practical Training Report Form to be signed by clinical personnel.
5. Clinical/field rotations: EMS trainees must have patient interactions in an actual working environment.
 - a. The student should assess and develop a treatment plan by each level of class listed below:
 - 1). EMT-B a minimum of five patients as part of the 10 hours of clinical time.
 - 2). EMT-I no requirement.
 - 3). EMT-IA as indicated in the clinical requirements tracking form (attachment 1).
 - 4). Paramedic as indicated in the paramedic program guide.
 - 5). EMD: no patient assessments required.
 - b. The student should record the patient history and assessment on a Pre-hospital Incident Report form just as if he/she were interacting with the patient in a field setting.
 - c. The Pre-hospital Incident Report form should then be reviewed by the primary instructor to assure competent documentation practices in accordance with the minimum data set.
 - d. Regardless of the clinical educational system, the program must establish a feedback system to assure that students have acted safely and professionally during their training. Students should be graded.
 - e. Remediation and re-education should be provided for students reported to have difficulty in the clinical or field setting. Students are required to repeat clinical or field experiences until they are competent in the goals established by the Course Coordinator.
 - f. If the Course Coordinator cannot obtain a field or clinical rotation schedule, they must notify the Bureau for options. The Course Coordinator must also submit written documentation of attempts made to obtain clinical or field rotation.

CERTIFICATION REQUIREMENTS.

1. Submit completed application form and pass background check. (All)
2. Submit completed Declaration of Understanding and meet requirements of the standard (B).
3. Submit all certification, testing, and retesting fees. (All)
4. Successfully complete the EMS certification course and receive a recommendation for certification from the Course Coordinator and Course Medical Director. (All)
5. Successfully complete the **written exam** - The written exam is taken on a computer. Each

level's certification tests are multiple choice questions. There is a time limit to complete the test. Each level's number of questions and time limits are listed below:

Level	# of questions	time limit
EMT-B	100	2 hours
EMT-I	150	3 hours
EMT-IA	175	3.5 hours
Paramedic	200	4 hours
EMD	30	1 hour

6. Successfully complete the practical examination, if applicable. The tests are derived from the Bureau Teaching and Testing Protocols and the NSC. The Bureau Test Team administers the test. The different types of tests are listed below.

Level	Test
EMT-B	Scenario and skill
EMT-I	Scenario and skill
EMT-IA	Two scenarios
Paramedic	Three scenarios
EMD	no practical test

7. Test results will be sent by mail after the tests have been graded and when all course fees and required records are submitted to the Bureau. Test results will not be given over the telephone. Advise students not to call the Bureau, as it will result in test results being delayed.
8. Students will have two chances to successfully complete the written and practical testing. If retesting is necessary, the student must make arrangements with the Bureau to schedule another test. The written computer tests may be taken at specified computer locations by appointment. The practical test is scheduled for a specific test sites. The student will be required to submit additional test fees prior to scheduling the retest.
9. All course requirements and testing must be completed within 90 days of the course completion date. Any delay will be cause for the student to be denied state certification.

RESPONSIBILITY TO THE STUDENT

The Course Coordinator will:

1. Provide each student with the following optional items:
 - a. Bureau Teaching and Testing Protocols (B, I, IA, P) when available.
 - b. A Bureau approved textbook (recommended).
 - c. Appropriate National Standard Curriculum (recommended)
 - d. A Bureau approved Student Handbook (B: mandatory).
 - e. A workbook or study guide that coincides with the text book.
 - f. I.D. badge for clinical experience (required for clinical).
 - g. Letter(s) of Indemnification for each student to those agencies requiring such protection, i.e. hospitals, ambulances, rescue services, etc.
 - h. Bandage Packets - two Kerlix, two triangulars, six 4 x 4's, and gloves (B: mandatory).
 - i. ADA policies (mandatory).
 - j. Harassment policies (mandatory).
2. Ensure the student understands the Bureau's certification policies and requirements. The student must sign the student acknowledgement form. It covers such things as:
 - a. Course attendance requirements.
 - b. Application requirements / background checks.
 - c. ADA policies and Declaration of Understanding.
 - d. Fee requirements.
 - e. Testing requirements and procedures.
 - f. 90 day rule.
 - g. No show at test sites.
3. Provide remediation to each student who is not achieving a set level of performance before moving on to another section of the course. A remediation form must be documented by an

instructor for any student needing improvement and maintained by the Course Coordinator. Remediation forms are found in Appendix C.

4. Ensure all Bureau required documentation and tasks are completed within the time lines outlined in this handbook to prevent unnecessary delays in the student's test and certification schedule.
5. Ensure all students are familiar with, and know how to obtain copies of, the DOT National Standard Curriculum.
6. Ensure students have successfully completed all skills, objectives, and required class time, as outlined in the NSC, Teaching and Testing Protocols, and this handbook.
7. Ensure all students are thoroughly informed of all of the Bureau testing and certification policies and procedures contained in this handbook.

STUDENT EXPECTATIONS

This training program is detailed and exacting. The EMS provider is an important, recognized part of the medical team. The standards are high to maintain the respected position on the medical team and in the community. To become a fully certified EMS provider, it will be necessary for the student to comply with certain requirements. These requirements are as follows:

1. Attendance - Students will be required to attend all scheduled classes. If for some reason the student is unable to attend a class (illness, etc.), they must make arrangements with the Course Coordinator to make up the material missed.
2. Documentation - Students are required to submit a complete Bureau of EMS application form. Only original copies of the application will be accepted. Students must submit a complete Declaration of Understanding with their application.
3. Class Participation - Students will be evaluated by the instructors, Course Coordinator, and Medical Director during the course, in such areas as dependability, attitude, maturity, the ability to relate well with others, and ability to achieve acceptable performance levels. Remediation will be provided by the Course Coordinator or instructors for students having difficulties in any area of the course.
4. Identification - Students will be provided with an identification badge. The badge must be worn at all times, especially during the clinical portion of the course.
5. Practical Training Record Form - At the beginning of the course the students will be given a Practical Training Record form, which must be signed off by the instructors and clinical personnel during each phase of the training. This completed record must be returned to the Course Coordinator, who will maintain them for at least seven years.
6. Clinical Experience - The student will be required to complete clinical education as listed previously. Completion of an Incident Report Form filled out as if they were practicing in the field. This is accomplished in a hospital and/or ambulance setting. Please make every possible attempt to appear at the scheduled times. If for some reason the student is unable to attend, they should contact the Course Coordinator as soon as possible.
7. Recommendation for Certification - Both the Course Coordinator and the Medical Director must concur that the student has met course completion requirements specified in the NSC, the Teaching and Testing Protocols, and this manual and verify in a letter of recommendation to the Bureau (see Appendix C).
8. Written Test - At the conclusion of the course, the students must successfully complete a state administered test on a computer. It is graded on a pass-fail basis (percentage scores are not available). The student will be allowed only two attempts to pass this test.

9. Practical Examination - A practical examination consisting of a scenario and a skill test will be administered by the state Test Team. This examination is also administered on a pass-fail basis. Students must be encouraged to attend the test date and time that is scheduled for the class. If a student is unable to attend the scheduled date, the student must contact the Bureau to reschedule their test. Students must be made aware that the testing process will take most of the day and should not make any other plans i.e. work, school, etc on the day of the test. The student must bring a watch that has second indicating and picture identification to the test. Students without picture identification will not be allowed to test. The Bureau must receive all fees and required documents prior to Thursday of the scheduled test date or the student(s) will not be allowed to test.

Tell your students NOT to arrive any earlier than the time scheduled for testing, as they will not be able to sign in until the appropriate time.

If a student fails any part of the practical exam, it may be necessary for them to retest the entire practical exam. The student must contact the Bureau to schedule a retest and pay required fees by the Tuesday prior to the desired test date. The student must pay required fees at the Bureau and bring to the test site picture identification and a copy of their fail letter in order to retest. Students will be allowed only two attempts to pass this test.

If a student wishes to dispute their test results, they must submit a letter to the Bureau disputing the results and explaining why they are disputing the results. Test results will not be discussed over the phone; all requests must be in writing.

10. State Certification - State certification may be issued upon successful completion of all the above listed requirements. These requirements must be met within 90 days of the completion of the course. It takes approximately three weeks following testing for the results to be processed and the student to receive their certification in the mail. Students will receive a state certificate, identification card, patch and decal.

EMT-BASIC: COURSE GOALS

This Course Coordinators guide has been designed and developed to assist Course Coordinators, Instructors, and others in planning, managing and instructing the Emergency Medical Technician-Basic (EMT-B) course. The basic course is a minimum of 120 hours in length. There are 46 lessons in the core curriculum. In addition to the required 120 hours of instruction, this course requires that the student have patient interactions in a clinical setting.

After successful completion of the program, the student will be capable to perform the following functions at the minimum entry level:

1. Recognize the nature and seriousness of the patient's condition or extent of injuries to assess requirements for emergency medical care;
2. Administer appropriate emergency medical care based on assessment findings of the patient's condition;
3. Lift, move, position and otherwise handle the patient to minimize discomfort and prevent further injury;
4. Perform triage at a mass casualty incident, and,
5. Perform safely and effectively the expectations of the job description (see Appendix B)

The entire curriculum is surrounded by continuing education, which is designed to reflect two primary goals. First, during the instruction of the EMT-B additional continuing education in related content may be provided. Secondly, continuing education is an integral component of any educational process and the EMT-B should be committed to a process of life-long learning.

EMT-BASIC: COURSE PREREQUISITES

Each student must be CPR certified before the course begins.

The following options can be utilized to accomplish this requirement:

1. Assure that the EMT-B candidates have a current CPR card prior to entering the program.
2. Offer programs of CPR prior to the start of the EMT-B program.
3. Establish a time prior to the beginning of the EMT-B program and require all students seeking to enter the EMT-B program to participate in the CPR class.

Acceptable certifications include:

1. American Heart Association - Health Care Provider
2. American Red Cross - Professional Rescuer
3. National Safety Council Certification
4. American Safety and Health Institute (ASHI)

Although CPR training is a prerequisite, it should be routinely practiced and integrated throughout the entire instruction of the EMT-B Course.

EMT-BASIC: COURSE OUTLINE

<u>Lesson Title</u>	<u>Minimum Hours</u>
MODULE 1- PREPARATORY	
1-1 Introduction to Emergency Medical Care	1.5
1-2 Well-Being of the EMT-Basic	1.5
1-3 Medical/Legal-Ethical Issues	2.5
*DNR Regulations	
1-4 The Human Body	2.5
1-5 Baseline Vital Signs/SAMPLE History	2
1-6 Lifting and Moving Patients	3
1-7 Evaluation: Preparatory Module	1
MODULE 2 - AIRWAY	
2-1 Airway	4
2-2 Practical Skills Lab: Airway	2
2-3 Evaluation: Airway Module	1
MODULE 3- PATIENT ASSESSMENT	
3-1 Scene Size-Up	.5
3-2 Initial Assessment	1
3-3 Focused History and Physical Exam - Trauma Patients	4
3-4 Focused History and Physical Exam - Medical Patients	2
3-5 Detailed Physical Exam	1
3-6 On-Going Assessment	1
3-7 Communications	3
3-8 Documentation	1.5
*Prehospital Incident Report Documentation	
3-9 Practical Skills Lab: Patient Assessment	8
3-10 Evaluation: Patient Assessment Module	1
MODULE 4 - MEDICAL/BEHAVIORAL EMERGENCIES AND OBSTETRICS/GYNECOLOGY	
4-1 General Pharmacology	1
4-2 Respiratory Emergencies	2.5
4-3 Cardiovascular Emergencies	7
4-4 Diabetic Emergencies/Altered Mental Status	2
4-5 Allergies	2
4-6 Poisoning/Overdose	2
4-7 Environmental Emergencies	2

4-8	Behavioral Emergencies	1.5
4-9	Obstetrics	2
4-10	Practical Skills Lab: Medical/Behavioral/Obstetrics	8
4-11	Evaluation: Medical/Behavioral/Obstetrics	1

MODULE 5 - TRAUMA

5-1	Bleeding and Shock	2
5-2	Soft Tissue Injuries	2
5-3	Musculoskeletal Care	4
5-4	Injuries to the Head and Spine	4
5-5	Practical Skills Lab: Trauma	6
5-6	Evaluation: Trauma	1

MODULE 6 - INFANTS AND CHILDREN

6-1	Infants and Children	3
6-2	Practical Skills Lab: Infants and Children *Pediatric immobilization practice (1 hour)	4
6-3	Evaluation: Infants and Children	1

MODULE 7 - OPERATIONS

7-1	Ambulance Operations	1
7-2	Gaining Access	1
7-3	Overviews	2
7-4	Evaluation: Operations	1
	*Haz-Mat	4
	*Triage	2

Final Written Evaluation

Final Practical Evaluation

TOTAL MINIMUM HOURS 120

* These subjects are in addition to the National DOT Guidelines and are mandatory for Utah classes.

EMT-BASIC: COURSE CONTENT

MODULE 1 - PREPARATORY

Lesson 1-1 Introduction to Emergency Medical Care

Familiarizes the EMT-B candidate with the introductory aspects of emergency medical care. Topics addressed include the Emergency Medical Services system, roles and responsibilities of the EMT-B, quality improvement, and medical direction.

Lesson 1-2 Well-Being of the EMT-Basic

Addresses the emotional aspects of emergency care, stress management, introduction to Critical Incident Stress Debriefing (CISD), scene safety, body substance isolation (BSI), personal protective equipment (PPE), and safety precautions that can be taken prior to performing the role of an EMT-B.

Lesson 1-3 Medical/Legal and Ethical Issues

Explores the scope of practice, ethical responsibilities, advanced directives, consent, refusals, abandonment, negligence, duty to act, confidentiality, and special situations such as organ donors and crime scenes. Medical/legal and ethical issues are vital elements of the EMT-Bs daily life. The Utah EMS/DNR Implementation Protocol for Health Care Providers should be addressed during this module (see Appendix B).

Lesson 1-4 The Human Body

Enhances the EMT-Bs knowledge of the human body. A brief overview of body

systems, anatomy, and physiology will be addressed in this session.

Lesson 1-5 Baseline Vital Signs and SAMPLE History

Teaches assessment and recording of patient vital signs and SAMPLE history.

Lesson 1-6 Lifting and Moving Patients

Provides students with knowledge of body mechanics, lifting and carrying techniques, principles of moving patients, and an overview of equipment. Practical skills of lifting and moving will also be developed during this lesson.

Lesson 1-7 Evaluation: Preparatory Module

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor, and affective objectives from this module of instruction.

MODULE 2- AIRWAY

Lesson 2-1 Airway

Teaches airway anatomy and physiology, how to maintain an open airway, pulmonary resuscitation, variations for infants, children, and patients with laryngectomies. The use of airways, suction equipment, oxygen equipment, delivery systems, and resuscitation devices will be discussed in this lesson.

Lesson 2-2 Practical Skills Lab: Airway

Provides supervised practice for students to develop the psychomotor skills for airway care. The practical use of airways, suction equipment, oxygen equipment and delivery systems, and resuscitation devices will be practiced in this lesson.

Lesson 2-3 Evaluation: Airway Module

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

MODULE 3 - PATIENT ASSESSMENT

Lesson 3-1 Scene Size-Up

Enhance the EMT-Bs ability to evaluate a scene for potential hazards, determine the number of patients, determine if additional help is necessary, and evaluate mechanism of injury or nature of illness. This lesson draws on the knowledge of Lesson 1-2.

Lesson 3-2 Initial Assessment

Provides the knowledge and skills to properly perform the initial assessment. In this session, the student will learn about forming a general impression, determining responsiveness, assessment of the airway, breathing, and circulation. Students will also discuss how to determine priorities of patient care.

Lesson 3-3 Focused History and Physical Exam - Trauma Patients

Describes and demonstrates the method of assessing traumatic injuries. A rapid approach to the trauma patient will be the focus of this lesson.

Lesson 3-4 Focused History and Physical Exam - Medical Patients

Describes and demonstrates the method of assessing patients with medical complaints or signs and symptoms of distress. This lesson will also serve as an introduction to the care of the medical patient.

Lesson 3-5 Detailed Physical Exam

Teaches the knowledge and skills required to continue the assessment and treatment of the patient.

Lesson 3-6 On-Going Assessment

Stresses the importance of trending, recording changes in the patient's condition, and reassessment of interventions to assure appropriate care.

Lesson 3-7 Communications

Discusses the components of a communication system, radio communications, communication with medical direction, verbal communication, interpersonal communication, quality improvement, and the Prehospital Incident Report and documentation.

Lesson 3-8 Documentation

Assists the EMT-B in understanding the components of the written report, special considerations regarding patient refusal, the legal implications of the report, and special reporting situations. Reports are an important aspect of prehospital care. This skill will be integrated into all student practices.

Lesson 3-9 Practical Skills Lab: Patient Assessment

Integrates the knowledge and skills learned thus far to assure that the student has the knowledge and skills of assessment necessary to continue with the management of patients with medical complaints and traumatic injuries.

Lesson 3-10 Evaluation: Patient Assessment Module

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

MODULE 4 - MEDICAL/BEHAVIORAL EMERGENCIES AND OBSTETRICS/GYNECOLOGY

Lesson 4-1 General Pharmacology

Provides the student with a basic knowledge of pharmacology and provides a foundation for the administration of medications that the EMT-B would be assisting with.

Lesson 4-2 Respiratory Emergencies

Reviews components of the lesson on respiratory anatomy and physiology. It will also provide instruction on assessment of respiratory difficulty and emergency medical care of respiratory problems, and the patient assisted administration of prescribed inhalers.

Lesson 4-3 Cardiovascular Emergencies

Review of the cardiovascular system, an introduction to the signs and symptoms of cardiovascular disease, administration of a patient's prescribed nitroglycerin, and use of the automated external defibrillator.

Lesson 4-4 Diabetes/Altered Mental Status

Review of the signs and symptoms of altered level of consciousness, the emergency medical care of a patient with signs and symptoms of altered mental status with a history of diabetes, and the administration of oral glucose.

Lesson 4-5 Allergies

Teaches the student to recognize the signs and symptoms of an allergic reaction and how to assist the patient with a prescribed epinephrine auto-injector.

Lesson 4-6 Poisoning/Overdose

Teaches the student to recognize the signs and symptoms of poisoning and overdose. Information on the administration of activated charcoal is also included in this section.

Lesson 4-7 Environmental Emergencies

Addresses recognition of the signs and symptoms of heat and cold exposure, as well as the emergency medical care of these conditions. Information on aquatic emergencies and bites and stings will also be included in this lesson.

Lesson 4-8 Behavioral Emergencies

Develops the student's awareness of behavioral emergencies and the management of the disturbed patient.

Lesson 4-9 Obstetrics/Gynecology

Reviews the anatomical and physiological changes that occur during pregnancy, demonstrate normal and abnormal deliveries, summarize signs and symptoms of common gynecological emergencies, and neonatal resuscitation.

Lesson 4-10 Practical Skills Lab: Medical/Behavioral Emergencies and Obstetrics/Gynecology

Draws on the student's knowledge and skills learned thus far in the didactic portion of this module and applies them to a practical setting. Students will be given the opportunity to assess and treat a variety of patients with various medical complaints.

Lesson 4-11 Evaluation: Medical/Behavioral Emergencies and Obstetrics/Gynecology

Conduct a written and skills evaluation to determine the student's level of achievement

of the cognitive, psychomotor and affective objectives from this module of instruction.

MODULE 5 - TRAUMA

Lesson 5-1 Bleeding and Shock

Reviews the cardiovascular system, describes the care of the patient with internal and external bleeding, signs and symptoms of shock (hypoperfusion), and the emergency medical care of shock.

Lesson 5-2 Soft Tissue Injuries

Continues with the information taught in Bleeding and Shock, discussing the anatomy of the skin and management of soft tissue injuries and burns. Techniques of dressing and bandaging wounds will also be taught in this lesson.

Lesson 5-3 Musculoskeletal Care

Reviews the anatomy and physiology of the musculoskeletal system, prior to teaching the students recognition of signs and symptoms of a painful, swollen, deformed extremity and splinting of the extremities.

Lesson 5-4 Injuries to the Head and Spine

Reviews the anatomy of the nervous system and the skeletal system and injuries to the spine and head, including mechanism of injury, signs and symptoms of injury, and assessment. Emergency medical care, including the use of cervical immobilization devices and short and long back boards will also be discussed and demonstrated by the instructor and students. Other topics include helmet removal and infant and child considerations.

Lesson 5-5 Practical Skills Lab: Trauma

Provides practice for the assessment and management of patients with traumatic injuries.

Lesson 5-6 Evaluation: Trauma Module

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

MODULE 6 - INFANTS AND CHILDREN

Lesson 6-1 Infants and Children

Present information concerning the developmental and anatomical differences in infants and children, discuss common medical and trauma situations, and address infants and children that are dependent on special technology.

Lesson 6-2 Practical Skills Lab: Infants and Children

Provides the EMT-B student the opportunity to interact with infants and children, and practice the knowledge and skills learned thus far concerning this special population. Extra time is included to practice pediatric immobilization.

Lesson 6-3 Evaluation: Infants and Children

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

MODULE 7 - OPERATIONS

Lesson 7-1 Ambulance Operations

Presents an overview of the knowledge needed to function in the prehospital environment. Topics addressed include responding to a call, emergency vehicle operations, transferring patients, and the phases of an ambulance call.

Lesson 7-2 Gaining Access

Provides the EMT-B student with an overview of rescue operations. Topics addressed include roles and responsibilities at a crash scene, equipment, gaining access, and removing the patient.

Lesson 7-3 Overviews

Provides the EMT-Basic student with information on hazardous materials, incident management systems, mass casualty situations, and basic triage.

Lesson 7-4 Evaluation: Operations

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

Lesson 7-5 Haz-Mat

Includes sufficient information of hazardous materials to comply with worker protection standards. An approved Haz-Mat instructor from the current list in appendix a must teach the class.

FINAL WRITTEN EVALUATION**FINAL PRACTICAL EVALUATION****EMT-INTERMEDIATE: COURSE GOALS**

Each EMT-Intermediate program should have a program goal. The program goal is a statement of the desired outcome of the program, and typically references graduating competent entry-level providers. By design, program goals are broad based, but establish the parameters by which the effectiveness of the program will be evaluated. A program may have multiple goals, but most use one for clarity. For example, a typical program goal statement might read:

The goal of the ABC EMT-Intermediate education program is to produce competent, entry level EMT-Intermediates to serve in career and volunteer positions in XYZ county.

If the program provided additional training that is clearly not within the definition of the entry level practitioner, then additional information should be included in the goal. Education planning should be based on the program goal, the mission of the sponsoring institution, and the expectations of the health care community. The goal should be made known to all members of the communities of interest, especially the students and faculty.

The goal will be used to select appropriate curricular materials, clinical experiences, and many other aspects of program planning.

EMT-INTERMEDIATE: COURSE PREREQUISITES

Must be a certified EMT-Basic for one year. This may be reduced to six months if an agency's medical director requests a waiver due to low staffing.

EMT-INTERMEDIATE: COURSE OUTLINE / CONTENT

Required hours: 53

Foundations of the EMT-I	2
Pharmacology	2
Venous Access & Medication Administration	5
Airway	16
Physical Examination	3
Patient Assessment	2
Communications	2
Hemorrhage & Shock	6

Respiratory Emergencies	2
Cardiovascular Emergencies	7
Diabetic Emergencies	2
Allergic Reactions	2
Overdose	2
Total Hours	53

EMT-INTERMEDIATE: ADVANCED AIRWAY PROTOCOL

Purpose

To improve patient oxygenation and thus improve patient survivability in the field. Because of the distance to the hospital in many instances, advanced airway procedures may improve oxygenation sufficiently so that the patient's opportunity of survival can be increased.

Implementation

Intermediate level Emergency Medical Technicians must attend training that is consistent with the 1994 DOT Basic Curriculum and the Bureau of Emergency Medical Services training standards (minimum of 16 hours of classroom and practical). The EMT-I must demonstrate the ability to perform intubation on the mannequins and humans to the satisfaction of the local Medical Director. The EMT-I, who is performing field intubations, must demonstrate competence in intubation skill level every six months.

Procedure

The EMT must be certified as a Utah EMT-I and have completed the new intermediate objectives.

The EMT-I must demonstrate intubation skill competence, (Adult and Pediatric) on mannequins for the local Medical Director. If local Medical Director selects the intubation option to perform intubation in the field, the EMT-I must do five human intubations for initial certification.

The EMT-I must be associated with an agency licensed as an EMT-I service with the intubation option and have the local Medical Director approval for field intubation. Intubation is to be performed only on patients in respiratory or cardiac arrest, or as directed by local Medical Control. The EMT-I may contact on-line medical control and receive verbal authorization for intubation or may be directed by approved written standing protocols from local Medical Control. If patient is less than five minutes from the hospital, transport should not be delayed to intubate.

Review - Quality Assurance

The local Medical Director or designee shall oversee the training and competence of each EMT-I who is allowed to intubate. To maintain intubation competence the EMT-I must perform six intubations every six months. The local Medical Director or designee shall review each case where intubation was attempted or completed.

EMT-INTERMEDIATE-ADVANCED: COURSE GOALS

Each EMT-Intermediate Advanced program should have a program goal. The program goal is a statement of the desired outcome of the program, and typically references graduating competent entry-level providers. By design, program goals are broad based, but establish the parameters by which the effectiveness of the program will be evaluated. A program may have multiple goals, but most use only one for clarity. For example, a typical program goals statement might read:

The goal of the ABC EMT-Intermediate Advanced Education program is to produce competent, entry

level EMT-Intermediate Advanced to serve in career and volunteer positions in XYZ county.

If the program provided additional training that is clearly not within the definition of the entry level practitioner, then additional information should be included in the goal. Education planning should be based on the program goal, the mission of the sponsoring institution, and the expectations of the health care community. The goal should be made known to all members of the communities of interest, especially students and faculty.

The goal will be used to select appropriate curricular materials, clinical experiences, and many other aspects of program planning.

EMT-INTERMEDIATE-ADVANCED: COURSE PREREQUISITES

Must be a certified EMT-Basic for one year. This may be reduced to six months if an agency's medical director requests a waiver due to low staffing.

EMT-INTERMEDIATE-ADVANCED: COURSE OUTLINE

Required hours: Competency Based

Recommended Hours by NSC

	Suggested didactic time (hours)	Suggested practical laboratory time (hours)
Preparatory		
Found. of the EMT-I	3	
Overview of Human System/Roles & Responsibilities	6	
Emergency Pharmacology	12	
Medication Administration	3	6
<i>Module Totals</i>	<i>24</i>	<i>6</i>
Airway Management & Ventilation		
Airway and Ventilation	9	9
<i>Module Totals</i>	<i>9</i>	<i>9</i>
Patient Assessment		
History Taking	1	
Technique of Physical Examination	3	3
Patient Assessment	2	6
Clinical Decision Making	1	
Communications	1	1
Documentation	1	1
<i>Module Totals</i>	<i>9</i>	<i>11</i>
Trauma		
Trauma Systems/ Mechanism of Injury	2	
Hemorrhage and Shock	2	
Burns	1	
Thoracic Trauma	3	
Practical Laboratory		8

<i>Module Totals</i>	8	8
Medical		
Respiratory Emergencies	9	3
Cardiac Emergencies	27	24
Diabetic Emergencies	2	
Allergic Reaction	1	
Poisoning/OD Emergencies	1	
Neurological Emergencies	2	
Abdominal Emergencies	1	
Environmental Emergencies	2	
Behavioral Emergencies	1	
Gynecological Emergencies	2	
<i>Module Totals</i>	48	27
Special Considerations		
Obstetric Emergencies	2	1
Neonatology	2	2
Pediatrics	8	4
Geriatrics	2	
<i>Module Total</i>	14	7
Assessment Based Management		
Assessment Based Management		12
<i>Module Totals</i>		12
Clinical and Field		
Clinical		50
Field		75

EMT-INTERMEDIATE-ADVANCED: COURSE CONTENT

Module 1 Foundations

At the completion of this module, the EMT-Intermediate Advanced student will understand the roles and responsibilities of a EMT-Intermediate Advanced within an EMS system, apply the basic concepts of anatomy and physiology to the assessment and management of emergency patients, and safely use and administer emergency medications.

Module 2 Airway

At the completion of this module, the EMT-Intermediate Advanced student will be able to establish and/ or maintain a patent airway, oxygenate, and ventilate a patient.

Module 3 Patient Assessment

At the completion of this module, the EMT-Intermediate Advanced student will be able to take a proper history and perform an advanced physical assessment on an emergency patient, and communicate the findings to others.

Module 4 Trauma

At the completion of this module, the EMT-Intermediate Advanced student will be able to utilize the assessment findings to formulate a field impression and implement the treatment plan for the trauma patient.

Module 5 Medical Emergencies

At the completion of this module, the EMT-Intermediate Advanced student will be able to formulate a field impression and implement the treatment plan for the medical patient.

Module 6 Special Considerations

At the completion of this module, the EMT-Intermediate Advanced student will be able to utilize assessment findings to formulate a field impression and implement the treatment plan for obstetric, neonatal, pediatric, and geriatric patients.

Module 7 Assessment Based Management

At the completion of this module, the EMT-Intermediate Advanced student will be able to integrate the principles of assessment based management to perform an appropriate assessment and implement the management plan for patients with common complaints.

PARAMEDIC: COURSE GOALS

Each Paramedic program should have a program goal. The program goal is a statement of the desired outcome of the program, and typically references graduating competent entry-level providers. By design, program goals are broad based, but establish the parameters by which the effectiveness of the program will be evaluated. A program may have multiple goals, but must use one for clarity. For example, a typical program goal statement might read:

The goal of the ABC Paramedic education program is to produce competent, entry level Paramedic to serve in career and volunteer positions in XYZ county.

If the program provided additional training that is clearly not within the definition of the entry level practitioner, then additional information should be included in the goal. Education planning should be based on the program goal, the mission of the sponsoring institution, and the expectations of the health care community. The goal should be made known to all members of the communities of interest, especially students and faculty.

The goal will be used to select appropriate curricular materials, clinical experiences, and many other aspects of program planning.

PARAMEDIC: COURSE PREREQUISITES

Must be an EMT Basic for one year. This may be reduced to six months if an agency's medical director requests a waiver due to low staffing.

PARAMEDIC: COURSE OUTLINE

Required Hours:

Didactic	435
Laboratory	175

Clinical	260
Field	336
ALS	12 patient contacts
PEDS	12 patient contacts

Module 1	Preparatory
Module 2	Airway Management & Ventilation
Module 3	Patient Assessment
Module 4	Trauma
Module 5	Medical
Module 6	Special Considerations
Module 7	Assessment Based Management
Module 8	Operations

EMD: COURSE GOALS

The overall goal of the course curriculum is to:

Ensure that all users possess the baseline knowledge, skills, and abilities to successfully function in the role of an Emergency Medical Dispatcher.

EMD: COURSE PREREQUISITES

The EMD student must be 18 years old at the time of certification.

EMD: COURSE OUTLINE

Required Hours: 24

Textbook: Utah Revised National Standard Curriculum.

Section 1	Roles & Responsibilities
Section 2	Obtaining Information From Callers
Section 3	Resource Allocation
Section 4	Providing Emergency Care Instruction

Section 5	Legal and Liability Issues
Section 6	Critical Incident Stress Debriefing
Section 7	Basic Emergency Medical Concepts
Section 8	Design & Structure of EMDPRS
Section 9	Chief Complaint Types
Section 10	Practical Examination

CREDIT

Many of the colleges and universities in Utah may allow EMT-B students to receive college credit for taking the EMT class. Each institution has a unique policy, therefore, if a student would like college credit, he/she should contact the appropriate college or university and confirm the policy procedures. Below is a list of institutions that may offer college credit. Each institution's policies differ and may change at anytime. This list is for reference purposes only.

SOUTHERN UTAH UNIVERSITY, Cedar City

David Nyman
801-586-1995
801-586-1994

UTAH VALLEY STATE COLLEGE, Orem

Marcy Glassford
801-222-8000

WEBER STATE UNIVERSITY, Ogden

Weber State University
Emergency Medical Care and Rescue Program
3902 University Circle
Ogden, UT 84408-3902
Kay Van Kapen
801-626-6521

Salt Lake Community College, Salt Lake City

Please call the registrars office for information

Snow College, Ephraim

Ernie Williams
P.O. Box 1911
Ephraim, UT 84627

EMS INSTRUCTOR CERTIFICATION REQUIREMENTS

The requirements for EMS Instructor certification are as follows:

1. Be a certified Utah EMT for at least one year.
2. Submit documentation of 30 hours of patient care.
3. Submit three letters of recommendation, from health care providers, regarding EMS skills and teaching abilities.
4. Submit documentation of 15 hours teaching experience.

If the person is going to be teaching EMT-B, EMT-I, EMT-IA, or Paramedic courses the individual must also:

1. Have current CPR Instructor certification from a Bureau approved agency.
2. Successfully complete Bureau sponsored EMS Instructor training.

EMS INSTRUCTOR RECERTIFICATION REQUIREMENTS

The requirements for EMS Instructor recertification are as follows:

1. Maintain Utah EMT certification.
2. Submit verification of attendance at a Bureau sponsored Instructor Seminar at least once every two years.
3. Submit verification of 30 hours teaching experience within a certification period.

If the person is going to be teaching EMT-B, EMT-I, EMT-IA, or Paramedic courses the individual must also submit verification of current CPR Instructor certification. All verification materials must be submitted with recertification documents.

COURSE COORDINATOR CERTIFICATION REQUIREMENTS

The EMS courses are complex programs, which require a great deal of coordination and record keeping. Therefore anyone serving as a Course Coordinator will be required to meet all of the following requirements:

1. Be an EMS Instructor for at least one year.
2. Be an Instructor of record (either primary or assistant) for at least one EMS course, and:
 - a. Teach a minimum of 15 hours.
 - b. Submit a written evaluation from the Course Coordinator.
3. Co-coordinate at least one EMS course with an approved Course Coordinator.
4. Successfully complete the New Course Coordinator course sponsored by the Bureau.
5. Receive approval from the Bureau Standards and Evaluations staff.
6. Agree to adhere to Bureau policies and training standards.
7. Submit a signed Training Standards Agreement
8. The first course coordinated will be a probationary course and will be evaluated for:
 - a. Compliance with Bureau Standards.
 - b. Student performance.

COURSE COORDINATOR RECERTIFICATION REQUIREMENTS

1. Successfully complete requirements for Instructor recertification.

2. Coordinate a minimum of one course every two years.
3. Satisfactory attendance at one Course Coordinator seminar every year.
4. Receive recertification recommendation from the Bureau Standards and Evaluations staff.

JOB DESCRIPTION: EMT-BASIC

Responds to emergency calls to provide efficient and immediate care to the critically ill and injured, and transports the patient to a medical facility.

After receiving the call from the dispatcher, drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions. Observes traffic ordinances and regulations concerning emergency vehicle operation.

Upon arrival at the scene of crash or illness, parks the ambulance in a safe location to avoid additional injury. Prior to initiating patient care, the EMT-Basic will also size-up the scene to determine that the scene is safe, the mechanism of injury or nature of illness, total number of patients and to request additional help, if necessary. In the absence of law enforcement, creates a safe traffic environment, such as the placement of road flares, removal of debris, and re-direction of traffic for the protection of the injured and those assisting in the care of injured patients.

Determines the nature and extent of illness or injury and establishes priority for required emergency care. Based on assessment findings, renders emergency medical care to adult, infant and child, medical, and trauma patients. Duties include but not limited to, opening and maintaining an airway, ventilating patients, and cardiopulmonary resuscitation, including use of automated external defibrillators. Provide prehospital emergency medical care of simple and multiple system trauma such as controlling hemorrhage, treatment of shock (hypoperfusion), bandaging wounds, immobilization of painful, swollen, and deformed extremities. Medical patients include: Assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies, and suspected poisonings. Searches for medical identification emblem as a clue in providing emergency care. Additional care is provided based upon assessment of the patient and obtaining historical information. These interventions include assisting patients with prescribed medications, including sublingual nitroglycerin, epinephrine auto-injectors and hand-held aerosol inhalers. The EMT-Basic will, also, be responsible for administration of oxygen, oral glucose and activated charcoal.

Reassures patients and bystanders by working in a confident, efficient manner. Avoids mishandling and undue haste while working expeditiously to accomplish the task.

Where a patient must be extricated from entrapment, assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for safely removing the patient. If needed, radios the dispatcher for additional help or special rescue and/or utility services. Provides simple rescue service if the ambulance has not been accompanied by a specialized unit. After extrication, provides additional care in triaging the injured in accordance with standard emergency procedures.

Complies with regulations on the handling of the deceased, notifies authorities, and arranges for protection of property and evidence at scene.

Lifts stretcher, placing in ambulance and seeing that the patient and stretcher are secured, continues emergency medical care.

From the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by medical direction. Reports directly to the emergency department of communications center the nature and extent of injuries, the number being transported, and the destination to assure prompt medical care on arrival. Identifies assessment findings which may require communications with medical direction for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

Constantly assesses patient en route to emergency facility, administers additional care as indicated or directed by medical direction.

Assists in lifting and carrying the patient out of the ambulance and into the receiving facility.

Reports verbally and in writing their observation and emergency medical care of the patient at the emergency scene and in transit to the receiving facility staff for purposes of records and diagnostics. Upon request, provides assistance to the receiving facility staff.

After each call, restocks and replaces used linens, blankets and other supplies, cleans all equipment following appropriate disinfecting procedures, makes careful check of all equipment so that the ambulance is ready for the next run. Maintains ambulance in efficient operating condition. In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.

Determines that vehicle is in proper mechanical condition by checking items required by service management. Maintains familiarity with specialized equipment used by the service.

Attends continuing education and refresher training programs as required by employers, medical direction, licensing or certifying agencies.

Meets qualifications within the Bureau of EMS Functional Position Description

JOB DESCRIPTION: INTERMEDIATE

EMT-Intermediates have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury for emergency patients in the out-of-hospital setting.

EMT-Intermediates possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. EMT-Intermediates recognize that they are an essential component of the continuum of care and serve as a link for emergency patients to acute care resources.

The primary roles and responsibilities of EMT-Intermediates are to maintain high quality, out-of-hospital emergency care. Ancillary roles of the EMT-Intermediate may include public education and health promotion programs as deemed appropriate by the community.

EMT-Intermediates are responsible and accountable medical direction, the public, and their peers. EMT-Intermediates recognize the importance of research. EMT-Intermediates seek to take part in life-

long professional development, peer evaluation, and assume an active role in professional and community organizations.

JOB DESCRIPTION: EMT- INTERMEDIATE ADVANCED:

EMT-Intermediates Advanced have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury for emergency patients in the out-of-hospital setting.

EMT-Intermediates Advanced possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. EMT-Intermediates Advanced recognize that they are an essential component of the continuum of care and serve as a link for emergency patients to acute care resources.

The primary roles and responsibilities of EMT-Intermediates Advanced are to maintain high quality, out-of-hospital emergency care. Ancillary roles of the EMT-Intermediate Advanced may include public education and health promotion programs as deemed appropriate by the community.

EMT-Intermediates Advanced are responsible and accountable to medical direction, the public, and their peers. EMT-Intermediates Advanced recognize the importance of research. EMT-Intermediates Advanced seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

PARAMEDIC: JOB DESCRIPTION

Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. Paramedics primarily provide care to emergency patients in an out-of-hospital setting.

Paramedics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.

Paramedics strive to maintain high quality, reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the Paramedic include public education, health promotion, and participation in injury and illness prevention programs. As the scope of service continues to expand, the Paramedic will function as a facilitator of access to care, as well as an initial treatment provider.

Paramedics are responsible and accountable to medical direction, the public, and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Paramedics seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

ADMINISTRATIVE RULES, R426-12, TRAINING AND CERTIFICATION

R426. Health, Health Systems Improvement, Emergency Medical Services.

R426-12. Emergency Medical Services Training and Certification Standards.

R426-12-100. Authority and Purpose.

This Rule is established under Title 26, Chapter 8a to provide uniform minimum standards to be met by those providing emergency medical services in the State of Utah; and for the training, certification, and recertification of individuals who provide emergency medical service and for those providing instructions and training to prehospital emergency medical care providers.

R426-12-101. Written and Practical Test Requirements.

- (1) The Department shall:
 - (a) develop written and practical tests for each certification; and
 - (b) establish the passing score for certification and recertification written and practical tests.
- (2) The Department may administer the tests or delegate the administration of any test to another entity.
- (3) The Department may release only to the individual who took the test and to persons who have a signed release from the individual who took the test:
 - (a) whether the individual passed or failed a written or practical test; and
 - (b) the subject areas where items were missed on a written or practical test.

R426-12-102. Emergency Medical Care During Clinical Training.

A student enrolled in a Department-approved training program may, under the direct supervision of the course coordinator, an instructor in the course, or a preceptor for the course, perform activities delineated within the training curriculum that otherwise require the certification to perform those activities.

R426-12-200. Emergency Medical Technician-Basic (EMT-B) Requirements and Scope of Practice.

- (1) The Department may certify as an EMT- B an individual who meets the initial certification requirements in R426-12-201.
- (2) The Committee adopts the 1994 United States Department of Transportation's "EMT-Basic Training Program: National Standard Curriculum" (EMT-B Curriculum) except for Module 8, Advanced Airway, Appendix C, D, J. and K, as the standard for EMT-B training and competency in the state, which is incorporated by reference.
- (3) An EMT-B may perform the skills as described in the EMT-B Curriculum, as adopted in this section.

R426-12-201. EMT-B Initial Certification.

- (1) The Department may certify an EMT-B for a four year period.
- (2) An individual who wishes to become certified as an EMT-B must:
 - (a) maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the

- Department to be equivalent or greater;
 - (b) successfully complete a Department-approved EMT-B course;
 - (c) be able to perform the functions listed in the EMT-B Curriculum as verified by personal attestation and successful accomplishment during the course of all cognitive, affective, and psychomotor skills and objectives listed in the adopted EMT-B Curriculum;
 - (d) achieve a favorable recommendation from the course coordinator and course medical director stating technical competence during field and clinical training and successful completion of all training requirements for EMT-B certification;
 - (e) be 18 years of age or older;
 - (f) submit the applicable fees and a completed application, including social security number and signature, to the Department;
 - (g) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;
 - (h) submit to the Department a statement from a physician, confirming the applicant's results of a TB examination conducted within one year prior to completing the EMT-B course; and
 - (i) within 90 days after completing the EMT-B course, successfully complete the Department written and practical EMT-B examinations, or reexaminations, if necessary.
- (3) The Department may extend the time limit in Subsection (2)(i) for an individual who demonstrates that the inability to meet the requirements within the 90 days was due to circumstances beyond the applicant's control.

R426-12-202. EMT-B Certification Challenges.

- (1) The Department may certify as an EMT-B, a registered nurse licensed in Utah, a physician assistant licensed in Utah, or a physician licensed in Utah who:
- (a) is able to demonstrate knowledge, proficiency and competency to perform all the functions listed in the EMT-B Curriculum as verified by personal attestation and successful demonstration to a currently certified course coordinator and an off-line medical director of all cognitive, affective, and psychomotor skills and objectives listed in the EMT-B Curriculum;
 - (b) has a knowledge of:
 - (i) medical control protocols;
 - (ii) state and local protocols;
 - (iii) the role and responsibilities of an EMT-B;
 - (c) maintains and submits documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater; and
 - (d) is 18 years of age or older.
- (2) To become certified, the applicant must:
- (a) submit three letters of recommendation from health care providers attesting to the applicant's patient care skills and abilities;
 - (b) submit a favorable recommendation from a currently certified course coordinator attesting to competency of all knowledge and skills contained within the EMT-B

Curriculum.

- (c) submit an application, including social security number, signature, and documentation of compliance with this section, and all required fees;
- (d) within 90 days after submitting the challenge application, successfully complete the Department written and practical EMT-B examinations, or reexaminations, if necessary;
- (e) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation; and
- (f) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within one year prior to submitting the application.

R426-12-203. EMT-B Reciprocity.

- (1) The Department may certify as an EMT-B an individual certified outside of the State of Utah if the applicant can demonstrate the applicant's out-of-state training and experience requirements are equivalent or greater to what is required in Utah.
- (2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience must submit the applicable fees and a completed application, including social security number and signature, to the Department and within one year of submitting the application must:
 - (a) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;
 - (b) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year;
 - (c) successfully complete the Department written and practical EMT-B examinations, or reexaminations, if necessary;
 - (d) maintain and submit documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;
 - (e) submit a current certification from one of the states of the United States or its possessions, or current registration and the name of the training institution if registered with the National Registry of EMTs; and
 - (f) provide documentation of completion of 25 hours of continuing medical education (CME) within the prior year.

R426-12-204. EMT-B Recertification Requirements.

- (1) The Department may recertify an EMT-B for a four year period or for a shorter period as modified by the Department to standardize recertification cycles.
- (2) An individual seeking recertification must:
 - (a) submit the applicable fees and a completed application, including social security number and signature, to the Department;
 - (b) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose

reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

- (c) maintain and submit documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;
 - (d) successfully complete the Department applicable written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed;
 - (e) submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination;
 - (f) provide documentation of completion of 100 hours of Department-approved CME meeting the requirements of subsections (3), (4), (5), (6) and (7).
- (3) The EMT-B must complete the CME throughout each of the prior four years.
- (4) The EMT-B must take at least 25 elective hours and the following 75 required CME hours by subject:
- (a) Well being of the EMT - 2 hours;
 - (b) Infection Control - 2 hours;
 - (c) Airway - 4 hours;
 - (d) Patient Assessment - 10 hours;
 - (e) Communications and Documentation - 4 hours;
 - (f) Pharmacology and Patient Assisted Medications - 8 hours;
 - (g) Medical Emergencies: Cardiac and Automatic External Defibrillation - 6 hours;
 - (h) Medical Emergencies - 7 hours;
 - (i) Trauma (must include simulated bleeding, shock, soft tissue, burns, kinetics, musculoskeletal, head and spine, eyes, face, chest, splinting and bandaging; -12 hours;
 - (j) Pediatric Patients - 8 hours;
 - (k) Obstetrics and Gynecology - 4 hours;
 - (l) Operations (must include lifting and moving, ambulance operations, extrication, triage - 4 hours; and
 - (m) HAZMAT awareness - 4 hours.
- (5) An EMT-B may complete CME hours through the methodologies listed in this subsection. All CME must be related to the required skills and knowledge of an EMT. Instructors need not be EMS instructors, but must be knowledgeable in the field of instruction. Limitations and special requirements are listed with each methodology.
- (a) Workshops and seminars related to the required skills and knowledge of an EMT and approved for CME credit by the Department or the Continuing Education Coordinating Board for EMS (CECBEMS).
 - (b) Local medical training meetings.
 - (c) Demonstration or practice sessions.
 - (d) Medical training meetings where a guest speaker presents material related to emergency medical care.
 - (e) Actual hours the EMT-B is involved in community emergency exercise and disaster drills. Up to 20 hours are creditable during a recertification period for participation in exercises and drills.
 - (f) Teaching the general public (schools, scouts, clubs, or church groups) on any topic

within the scope of the EMT-B practice. Up to 15 hours are creditable during a certification period for teaching classes.

- (g) Viewing audiovisuals (films, videotapes, etc.) which illustrate and review proper emergency care procedures. The EMT-B must view the audiovisual material in the presence of a training officer. Up to 10 hours are creditable during a certification period using audiovisuals.
 - (h) Completing college courses in topics such as biology, chemistry, anatomy and physiology. Other college courses relating to the scope and practice of an EMT-B may be creditable, but only with the approval of the Department. If in doubt, the EMT-B should contact the Department. Up to 10 hours are creditable during a certification period for college courses.
 - (i) Up to 16 hours of CPR training are creditable during a certification period.
 - (j) Computer and internet-based training that illustrates, drills, provides interactive use, or demonstrates proper emergency care procedures. The training must be approved by the Continuing Education Coordinating Board of Emergency Medical Services or the Department. Up to 25 hours are creditable during a certification period using computer and internet-based training.
 - (k) Completing tests related to the EMT-B scope of practice in EMS-related journals or publications. Up to 5 hours are creditable during a certification period for completing tests from journals and publications.
- (6) The EMT-B must complete the following skills at least two times as part of the CME training listed in subsections (4) and (5):
- (a) bandaging of the arm, elbow, shoulder, neck, top of head, cheek, protruding eye, ear, and open chest wound;
 - (b) splinting using hare traction or sager splint (choice based upon availability of equipment);
 - (c) splinting of at least one upper and lower extremity;
 - (d) cervical and spinal immobilization using c-collar, long board, head stabilization equipment (utilize available equipment) and straps;
 - (e) patient assisted medications: nitroglycerin, pre-loaded epinephrine, inhaler, glucose, activated charcoal, and aspirin;
 - (f) pediatric immobilization: in a car seat and backboard;
 - (g) insertion of nasopharyngeal and oropharyngeal airways; and
 - (h) defibrillation of a simulated patient in cardiac arrest using an AED.
- (7) An EMT-B who is affiliated with an EMS organization should have the training officer from the EMS organization submit a letter verifying the EMT-B's completion of the recertification requirements. An EMT-B who is not affiliated with an agency must submit verification of all recertification requirements directly to the Department.
- (8) Each EMT-B is individually responsible to complete and submit the required recertification material to the Department. Each EMT-B should submit all recertification materials to the Department at one time and no later than 30 days prior to the EMT-B's current certification expiration date. If the Department receives incomplete or late recertification materials, the Department may not be able to process the recertification before the certification expires. The Department processes recertification material in the order received. An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of an EMT-B; however, the EMT-B remains responsible for a timely and complete submission.
- (9) The Department may shorten recertification periods. An EMT-B whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.

R426-12-205. EMT-B Lapsed Certification.

- (1) An individual whose EMT-B certification has expired for less than one year may, within one year after expiration, complete all recertification requirements and pay a late recertification fee to become certified.
- (2) An individual whose certification has expired for more than one year must take an EMT-B course and reapply as if there were no prior certification.

R426-12-206. EMT-B Testing Failures.

- (1) An individual who fails any part of the EMT-B certification written or practical examination may retake the EMT-B examination once without further course work.
 - (a) If the individual fails on the re-examination, he must take a complete EMT-B training course to be eligible for further examination.
 - (b) The individual may retake the course as many times as he desires, but may only take the examinations twice for each completed course.
- (2) If an EMT-B fails the written or practical recertification examination after two attempts, he may, within 30 days following mailing of written notification of this second failure, submit a written request to take the test a third time.
- (3) Within 30 days of receipt of the request, the Department shall convene a review panel consisting of:
 - (a) the training officer of the individual's EMS provider organization or a certified EMS training officer or certified EMS instructor who would take responsibility for a remediation plan; and
 - (b) one or more representatives from the Department.
- (4) The review panel shall allow the individual to appear and provide information.
- (5) The Department shall determine whether a program of re-education and reexamination would likely result in successful completion of the examinations and shall recommend a course of action to the Department.
- (6) The Department shall consider the review panel's recommendation and provide one opportunity for reexamination if it determines that re-education and reexamination within that time would likely result in successful completion of the examinations.
- (7) If the Department does not allow the third examination, the EMT-B may file a request for agency action within 30 days of issuance of the Department's determination.

R426-12-300. EMT-B-IV Requirements and Scope of Practice.

- (1) The Department may certify an EMT-B as an EMT-Basic with IV capabilities (EMT-B-IV) who:
 - (a) meets the requirements of this section;
 - (b) meets the initial certification requirements in R426-12-301; and
 - (c) has 12 months of field experience as a certified EMT-B, six months of which the Department may waive upon a written request from the off-line medical director showing that there is a shortage of EMT-B-IVs to serve the area.
- (2) The Committee adopts as the standard for EMT-B-IV training and competency in the state the following affective, cognitive, and psychomotor objectives for IV therapy, from the 1999 United States Department of Transportation's "Emergency Medical Technician-Intermediate Training Program: National Standard Curriculum" (EMT-I Curriculum): 1-1, 1-2, 1-4, 3-5, 3-6, 4-2, 6-3, 7-1, which is incorporated by reference, with the exception of the following objectives : 1-1.18-24, 1-1.27, 1-1.54, 1-2.10-12, 1-2.19-30, 1-2.35, 1-2.37-41, 1-2.43, 1-2.50-51, 1-2.55-59, 1-4.5-6, 1-4.9, 1-4.15-21, 1-4.25, 1-4.35-39, 3-5.29, 3-6.5, 6-3.1, 6-3.13-15, 6-3.19-48, 6-3.55-

83, 6-3.87-106, 6-3.122-124, 6-3.126, 6-3.128-140, 7-1.13-15, 7-1.17-18, 7-1.20, and 7-1.26 a,b,c,e,f,g,i, and j.

- (3) In addition to the skills that an EMT-B may perform, an EMT-B-IV may perform the adopted skills described in section R426-12-300(2).

R426-12-301. EMT-B-IV Initial Certification.

- (1) The expiration for the IV certification shall correlate with the expiration date for the EMT-B certification. If the EMT-B expiration date is less than one year after the date of the IV certification, the individual need not re-take the IV test. Thereafter, recertification requirements must be completed every four years in conjunction with recertification as an EMT-B.
- (2) An individual who wishes to become certified as an EMT-B-IV must:
 - (a) successfully complete a Department-approved EMT-B-IV course;
 - (b) be able to perform the functions listed in the objectives of the EMT-I Curriculum adopted in R426-12-300(2) as verified by personal attestation and successful accomplishment during the course of all cognitive, affective, and psychomotor skills and objectives in the adopted EMT-I Curriculum;
 - (c) achieve a favorable recommendation from the course coordinator and course medical director stating technical competence during field and clinical training and successful completion of all training requirements for EMT-B-IV certification;
 - (d) be currently certified as an EMT-Basic;
 - (e) within 90 days after completing the EMT-B-IV course, successfully complete the Department written and practical EMT-B-IV examinations, or reexaminations, if necessary; and
 - (f) demonstrate clinical proficiency by successfully gaining venous access on at least eight live patients during the EMT-IV course or within 90 days after the completion of the course.
- (3) The Department may extend the time limit in Subsection (2)(e) for an individual who demonstrates that the inability to meet the requirements within the 90 days was due to circumstances beyond the applicant's control.

R426-12-302. EMT-B-IV Reciprocity.

- (1) The Department may certify as an EMT-B-IV an individual certified outside of the State of Utah if the applicant can demonstrate the applicant's out-of-state training and experience requirements are equivalent or greater to what is required in Utah.
- (2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience must submit the applicable fees and a completed application, including social security number and signature, to the Department and within one year of submitting the application must:
 - (a) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;
 - (b) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year;
 - (c) successfully complete the Department written and practical EMT-B-IV examinations, or reexaminations, if necessary;
 - (d) maintain and submit documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the

- American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;
- (e) submit a current certification from one of the states of the United States or its possessions, or current registration and the name of the training institution if registered with the National Registry of EMTs; and
- (f) provide documentation of completion of 25 hours of continuing medical education within the prior year.

R426-12-303. EMT-B-IV Recertification Requirements.

- (1) The Department may recertify an EMT-B-IV for a four year period or for a shorter period as modified by the Department to standardize recertification cycles.
 - (2) An individual seeking recertification must:
 - (a) complete all EMT-B recertification requirements;
 - (b) submit the applicable fees and a completed application, including social security number and signature, to the Department;
 - (c) submit a letter from the off-line medical director recommending the individual for recertification and verifying the individual's demonstrated proficiency in the following EMT-B-IV skills:
 - (i) initiating and terminating intravenous infusion;
 - (ii) successful completion of the Department's pediatric vascular access skills station;
- and
- (iii) insertion and removal of intraosseous needles; and
 - (d) successfully complete the Department's IV written recertification examination, or reexamination if necessary, within one year prior to expiration of the IV certification.
 - (e) In addition to meeting the CME requirements in R426-12-204, submit verification of eight of the 25 elective hours of CME in topics in advanced EMT-IV subjects, such as IV fluid challenges, acid base balance, pathophysiology of shock. If in doubt that a particular CME is IV related the EMT-IV should contact the Department.

R426-12-304. EMT-B-IV Lapsed Certification.

- (1) An individual whose EMT-B-IV certification has expired for less than one year, may, within one year after expiration, complete all recertification requirements and pay a late recertification fee to become certified.
- (2) An individual whose EMT-B-IV certification has expired for more than one year must retake the IV training and reapply as if there were no prior IV certification.

R426-12-305. EMT-B-IV Testing Failures.

- (1) An individual who fails any part of the EMT-B-IV certification written or practical examination may retake the EMT-B-IV examination once without further course work.
 - (a) If the individual fails on the re-examination, he must take a complete EMT-B-IV training course to be eligible for further examination.
 - (b) The individual may retake the course as many times as he desires, but may only take the examinations twice for each completed course.
- (2) If an EMT-B-IV fails the written or practical recertification examination after two attempts, he may, within 30 days following mailing of written notification of this second failure, submit a written request to take the test a third time.
- (3) Within 30 days of receipt of the request, the Department shall convene a review panel consisting of:

- (a) The training officer of the individual's EMS provider organization or a certified EMS training officer or certified EMS instructor who would take responsibility for a remediation plan; and
- (b) one or more representatives from the Department.
- (4) The review panel shall allow the individual to appear and provide information.
- (5) The hearing officer shall determine whether a program of re-education and reexamination would likely result in successful completion of the examinations and shall recommend a course of action to the Department.
- (6) The Department shall consider the review panel's recommendation and provide one opportunity for reexamination if it determines that re-education and reexamination within that time would likely result in successful completion of the examinations.
- (7) If the Department does not allow the third examination, the EMT-B-IV may file a request for agency action within 30 days of issuance of the Department's determination.

R426-12-400. EMT-I Requirements and Scope of Practice.

- (1) The Department may certify an individual as an EMT-Intermediate (EMT-I) who:
 - (a) meets the initial certification requirements in R426-12-401;
 - (b) is currently certified as an EMT-B or EMT-B-IV; and
 - (c) has 12 months of field experience as a certified EMT-B or EMT-B-IV; however, the 12 month period may be reduced to six months with special authorization from the Department based upon a written request from the off-line medical director that there is a shortage of EMT-Is to serve the area.
- (2) The Committee adopts the 1999 United States Department of Transportation's "EMT- I Curriculum" as the standard for EMT-I training and competency in the state, which is incorporated by reference.
- (3) An EMT-I may perform the skills described in the EMT-I Curriculum.

R426-12-401. EMT-I Initial Certification.

- (1) The Department may certify an EMT-I for a four year period.
- (2) An individual who wishes to become certified as an EMT-I must:
 - (a) successfully complete a Department-approved EMT-I course;
 - (b) be able to perform the functions listed in the objectives of the EMT-I Curriculum adopted in R426-12-400 as verified by personal attestation and successful accomplishment during the course of all cognitive, affective, and psychomotor skills and objectives listed in the adopted EMT-I Curriculum;
 - (c) achieve a favorable recommendation from the course coordinator and course medical director stating technical competence during field and clinical training and successful completion of all training requirements for EMT-I certification;
 - (d) be 18 years of age or older;
 - (e) submit the applicable fees and a completed application, including social security number and signature, to the Department;
 - (f) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;
 - (g) submit to the Department a statement from a physician, confirming the applicant's results of a TB examination conducted within one year prior to completing the EMT-I

course;

- (h) within 90 days after completing the EMT-I course, successfully complete the Department EMT-I examinations, or reexaminations, if necessary and
 - (i) maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;
- (3) The Department may extend the time limit in Subsection (2)(h) for an individual who demonstrates that the inability to meet the requirements within the 90 days was due to circumstances beyond the applicant's control.

R426-12-402. EMT-I Reciprocity.

- (1) The Department may certify as an EMT-I an individual certified outside of the State of Utah if the applicant can demonstrate the applicant's out-of-state training and experience requirements are equivalent or greater to what is required in Utah.
- (2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience must submit the applicable fees and a completed application, including social security number and signature, to the Department and within one year of submitting the application must:
 - (a) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;
 - (b) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year;
 - (c) successfully complete the Department written and practical EMT-I examinations, or reexaminations, if necessary;
 - (d) maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;
 - (e) submit a current certification from one of the states of the United States or its possessions, or current registration and the name of the training institution if registered with the National Registry of EMTs; and
 - (f) provide documentation of completion of 25 hours of continuing medical education within the prior year.

R426-12-403. EMT-I Recertification Requirements.

- (1) The Department may recertify an individual as an EMT-I for a four year period or for a shorter period as modified by the Department to standardize recertification cycles.
- (2) An individual seeking recertification must:
 - (a) submit the applicable fees and a completed application, including social security number and signature, to the Department;
 - (b) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

- (c) maintain and submit documentation of having completed within the prior two years, a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;
 - (d) successfully complete the Department applicable written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed;
 - (e) submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination
 - (f) submit a letter from the off-line medical director recommending the individual for recertification and verifying the individual's demonstrated proficiency in the following EMT-I skills:
 - (i) initiating and terminating intravenous infusion;
 - (ii) completion of pediatric vascular access skills station;
 - (iii) insertion and removal of intraosseous needle;
 - (iv) insertion and removal of endotracheal tube;
 - (v) administration of medications via intramuscular, subcutaneous, and intravenous routes; and
 - (vi) EKG rhythm recognition.; and
 - (g) provide documentation of completion of 100 hours of Department-approved CME meeting the requirements of subsections (3), (4), (6), (7) and (8).
- (3) The EMT-I must complete the CME throughout each of the prior four years.
- (4) The EMT-I must take at least 25 elective hours and the following 75 required CME hours by subject:
- (a) Foundations of EMT-Intermediate - 4 hours;
 - (b) Pharmacology - 5;
 - (c) Venous Access and Medication Administration - 5 hours;
 - (d) Airway - 8 hours;
 - (e) Techniques of Physical Examination - 4 hours;
 - (f) Patient Assessment - 2 hours;
 - (g) Clinical Decision Making - 4 hours
 - (h) Trauma Systems and Mechanism of Injury - 3 hours;
 - (i) Hemorrhage and Shock - 4 hours;
 - (j) Burns - 3 hours;
 - (k) Thoracic Trauma - 3 hours;
 - (l) Respiratory - 2 hours;
 - (m) Cardiac - 6 hours;
 - (n) Diabetic - 2 hours;
 - (o) Allergic Reactions - 2 hours;
 - (p) Poisoning - 2 hours;
 - (q) Environmental Emergencies - 2 hours;
 - (r) Gynecology - 2 hours;
 - (s) Obstetrics - 2 hours;
 - (t) Neonatal resuscitation - 4 hours; and
 - (u) Pediatrics - 6 hours.
- (5) The Department strongly suggests that the 25 elective hours be in the following topics:

- (a) Anatomy & Physiology;
 - (b) Assessment Based Management;
 - (c) Behavioral Emergencies;
 - (d) Communication;
 - (e) Documentation;
 - (f) Geriatrics;
 - (g) HAZMAT;
 - (h) History Taking;
 - (i) Mass Casualty Incident;
 - (j) Medical Incident Command;
 - (k) Neurological Emergencies;
 - (l) Non-Traumatic Abdominal Emergencies; and
 - (m) Trauma Practical Lab.
- (6) An EMT-I may complete CME hours through the methodologies listed in this subsection. All CME must be related to the required skills and knowledge of an EMT. Instructors need not be EMS instructors, but must be knowledgeable in the field of instruction. Limitations and special requirements are listed with each methodology.
- (a) Workshops and seminars related to the required skills and knowledge of an EMT and approved for CME credit by the Department or the CECBEMS.
 - (b) Local medical training meetings.
 - (c) Demonstration or practice sessions.
 - (d) Medical training meetings where a guest speaker presents material related to emergency medical care.
 - (e) Actual hours the EMT-I is involved in community emergency exercise and disaster drills. Up to 20 hours are creditable during a recertification period for participation in exercises and drills.
 - (f) Teaching the general public (schools, scouts, clubs, or church groups) on any topic within the scope of the EMT-I practice. Up to 15 hours are creditable during a certification period for teaching classes.
 - (g) Viewing audiovisuals (films, videotapes, etc.) which illustrate and review proper emergency care procedures. The EMT-I must view the audiovisual material in the presence of a training officer. Up to 10 hours are creditable during a certification period using audiovisuals.
 - (h) Completing college courses in topics such as biology, chemistry, anatomy and physiology. Other college courses relating to the scope and practice of an EMT-I may be creditable, but only with the approval of the Department. If in doubt, the EMT-I should contact the Department. Up to 10 hours are creditable during a certification period for college courses.
 - (i) Up to 16 hours of CPR training are creditable during a certification period.
 - (j) Computer and internet-based training that illustrates, drills, provides interactive use, or demonstrates proper emergency care procedures. The training must be approved by the Continuing Education Coordinating Board of Emergency Medical Services or the Department. Up to 25 hours are creditable during a certification period using computer and internet-based training.
 - (k) Completing tests related to the EMT-I scope of practice in EMS-related journals or publications. Up to 5 hours are creditable during a certification period for completing tests from journals and publications.
- (7) The EMT-I must complete the following skills at least two times as part of the CME training

listed in subsections (4) and (6):

- (a) bandaging of the arm, elbow, shoulder, neck, top of head, cheek, protruding eye, ear, and open chest wound;
 - (b) splinting using hare traction or sager splint (choice based upon availability of equipment);
 - (c) splinting of at least one upper and lower extremity;
 - (d) cervical and spinal immobilization using c-collar, long board, head stabilization equipment (utilize available equipment) and straps;
 - (e) patient assisted medications: nitroglycerin, pre-loaded epinephrine, inhaler, glucose, activated charcoal, and aspirin;
 - (f) pediatric immobilization: in a car seat and backboard;
 - (g) insertion of nasopharyngeal and oropharyngeal airways; and
 - (h) defibrillation of a simulated patient in cardiac arrest using an AED.
- (8) An EMT-I who is affiliated with an EMS organization should have the training officer from the EMS organization submit a letter verifying the EMT-I's completion of the recertification requirements. An EMT-I who is not affiliated with an agency must submit verification of all recertification requirements directly to the Department.
- (9) Each EMT-I is individually responsible to complete and submit the required recertification material to the Department. Each EMT-I should submit all recertification materials to the Department at one time and no later than 30 days prior to the EMT-I's current certification expiration date. If the Department receives incomplete or late recertification materials, the Department may not be able to process the recertification before the certification expires. The Department processes recertification material in the order received. An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of an EMT-I; however, the EMT-I remains responsible for a timely and complete submission.
- (10) The Department may shorten recertification periods. An EMT-I whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.

R426-12-404. EMT-I Lapsed Certification.

- (1) An individual whose EMT-I certification has expired for less than one year, may, within one year after expiration, complete all recertification requirements and pay a late recertification fee to become certified.
- (2) An individual whose certification has expired for more than one year must take the EMT-B and EMT-I courses and reapply as if there were no prior certification.

R426-12-405. EMT-I Testing Failures.

- (1) An individual who fails any part of the EMT-I certification written or practical examination may retake the EMT-I examination once without further course work.
 - (a) If the individual fails on the re-examination, he must take a complete EMT-I training course to be eligible for further examination.
 - (b) The individual may retake the course as many times as he desires, but may only take the examinations twice for each completed course.
- (2) If an EMT-I fails the written or practical recertification examination after two attempts, he may, following mailing of written notification of this second failure, submit a written request to take the test a third time.
- (3) Within 30 days of receipt of the request, the Department shall convene a review panel consisting of:

- (a) The training officer of the individual's EMS provider organization or a certified EMS training officer or certified EMS instructor who would take responsibility for a remediation plan; and
- (b) one or more representatives from the Department.
- (4) The review panel shall allow the individual to appear and provide information.
- (5) The Department shall determine whether a program of re-education and reexamination would likely result in successful completion of the examinations and shall recommend a course of action to the Department.
- (6) The Department shall consider the review panel's recommendation and provide one opportunity for reexamination if it determines that re-education and reexamination within that time would likely result in successful completion of the examinations.
- (7) If the Department does not allow the third examination, the EMT-I may file a request for agency action within 30 days of issuance of the Department's determination.

R426-12-500. Paramedic Requirements and Scope of Practice.

- (1) The Department may certify an individual as a paramedic who:
 - (a) meets the initial certification requirements in R426-12-501;
 - (b) has 12 months of field experience as a certified EMT-B, EMT-B-IV, or EMT-I; however, the 12 month period may be reduced to six months with special authorization from the Department based upon a written request from the off-line medical director that there is a shortage of paramedics to serve the area.
- (2) The Committee adopts the 1998 United States Department of Transportation's "EMT-Paramedic Training Program: National Standard Curriculum" (Paramedic Curriculum) as the standard for paramedic training and competency in the state, which is incorporated by reference.
- (3) A paramedic may perform the skills described in the Paramedic Curriculum.

R426-12-501. Paramedic Initial Certification.

- (1) The Department may certify a paramedic for a four year period.
- (2) An individual who wishes to become certified must:
 - (a) successfully complete a Department-approved paramedic course;
 - (b) be able to perform the functions listed in the Paramedic Curriculum as verified by personal attestation and successful accomplishment during the course of all cognitive, affective, and psychomotor skills and objectives listed in the adopted paramedic Curriculum;
 - (c) achieve a favorable recommendation from the course coordinator and course medical director stating technical competence during field and clinical training and successful completion of all training requirements for paramedic certification;
 - (d) be 18 years of age or older;
 - (e) submit the applicable fees and a completed application, including social security number and signature, to the Department;
 - (f) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;
 - (g) submit verification of completion of a Department-approved course in adult and pediatric advanced cardiac life support and maintain current status as set by the entity

- sponsoring the course;
 - (h) submit to the Department a statement from a physician, confirming the applicant's results of a TB examination conducted within one year prior to completing the paramedic course; and
 - (i) within 90 days after completing the paramedic course, successfully complete the Department written and practical paramedic examinations, or reexaminations, if necessary.
- (3) The Department may extend the time limit in Subsection (2)(i) for an individual who demonstrates that the inability to meet the requirements within the 90 days was due to circumstances beyond the applicant's control.

R426-12-502. Paramedic Reciprocity.

- (1) The Department may certify as a paramedic an individual certified outside of the State of Utah if the applicant can demonstrate the applicant's out-of-state training and experience requirements are equivalent or greater to what is required in Utah.
- (2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience must submit the applicable fees and a completed application, including social security number and signature, to the Department and within one year of submitting the application must:
 - (a) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;
 - (b) submit a statement from a physician, confirming the applicant's results of a TB examination conducted within the prior year;
 - (c) successfully complete the Department written and practical paramedic examinations, or reexaminations, if necessary;
 - (d) maintain and submit verification of current Department-approved course completion in Adult and Pediatric Advanced Cardiac Life Support;
 - (e) submit a current certification from one of the states of the United States or its possessions, or current registration and the name of the training institution if registered with the National Registry of EMTs; and
 - (f) provide documentation of completion of 25 hours of continuing medical education within the prior year.

R426-12-503. Paramedic Recertification Requirements.

- (1) The Department may recertify a paramedic for a four year period or for a shorter period as modified by the Department to standardize recertification cycles.
- (2) An individual recertifying before June 30, 2003, shall be tested from the 1984 curriculum. An individual recertifying after June 30, 2003, will test to the 1998 curriculum.
- (3) An individual seeking recertification must:
 - (a) submit the applicable fees and a completed application, including social security number and signature, to the Department;
 - (b) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;

- (c) successfully complete the applicable Department recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed;
 - (d) submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination;
 - (e) maintain and submit verification of current Department-approved course completion in Adult and Pediatric Advanced Cardiac Life Support; and
 - (f) submit an evaluation of clinical competency and a recommendation for recertification from an off-line medical director.
 - (g) provide documentation of completion of 100 hours of Department-approved CME meeting the requirements of subsections (4), (5), (7), and (8).
- (4) The Paramedic must complete the CME throughout each of the prior four years.
- (5) The Paramedic must take at least 20 elective hours and the following 80 required CME hours by subject:
- (a) EMS system roles and responsibilities - 2 hours;
 - (b) Well being of the paramedic - 2 hours;
 - (c) Pathophysiology - 1 hour;
 - (d) Medical legal - 1 hour;
 - (e) Pharmacology - 1 hour;
 - (f) Venous access and medication administration - 1 hour;
 - (g) Airway management and ventilation - 5 hours;
 - (h) Patient assessment - 3 hours;
 - (i) Communication - 1 hour;
 - (j) Documentation - 1 hour;
 - (k) Trauma Systems and Mechanism of injury - 1 hour;
 - (l) Hemorrhage & shock - 2 hours;
 - (m) Burns - 3 hours;
 - (n) Head and facial - 3 hours;
 - (o) Spinal trauma - 1 hour;
 - (p) Thoracic trauma - 2 hours;
 - (q) Abdominal trauma - 2 hours;
 - (r) Pulmonary - 1 hour;
 - (s) Cardiology - 9 hours;
 - (t) Neurology - 4 hours;
 - (u) Endocrinology - 3 hours;
 - (v) Allergies and anaphylaxis - 1 hour;
 - (w) Gastroenterology - 4 hours;
 - (x) Toxicology - 2 hours;
 - (y) Environmental emergencies - 4 hours;
 - (z) Infectious and communicable diseases - 3 hours;
 - (aa) Behavioral/psychiatric disorders - 1 hour;
 - (bb) Obstetrics & gynecology - 2 hours;
 - (cc) Neonatology - 3 hours;
 - (dd) Pediatrics - 5 hours;
 - (ee) Geriatrics - 2 hours;

- (ff) Assessment based management - 1 hour;
 - (gg) Medical incident command - 2 hours;
 - (hh) Hazardous materials incidents - 1 hour;
- (6) The Department strongly suggests that the 25 elective hours be in the following topics:
- (a) Ethics, Illness & injury prevention;
 - (b) Therapeutic communications;
 - (c) Life span development;
 - (d) Clinical decision making;
 - (e) Soft tissue trauma;
 - (f) Renal/urology;
 - (g) Hematology;
 - (h) Abuse & assault;
 - (i) Patients with special challenges;
 - (j) Acute intervention for chronic care patients;
 - (k) Ambulance operations;
 - (l) Rescue awareness and operations; and
 - (m) Crime scene awareness.
- (7) A Paramedic may complete CME hours through the methodologies listed in this subsection. All CME must be related to the required skills and knowledge of a paramedic. Instructors need not be EMS instructors, but must be knowledgeable in the field of instruction . Limitations and special requirements are listed with each methodology.
- (a) Workshops and seminars related to the required skills and knowledge of a paramedic and approved for CME credit by the Department or the CECBEMS.
 - (b) Local medical training meetings.
 - (c) Demonstration or practice sessions.
 - (d) Medical training meetings where a guest speaker presents material related to emergency medical care.
 - (e) Actual hours the Paramedic is involved in community emergency exercise and disaster drills. Up to 20 hours are creditable during a recertification period for participation in exercises and drills.
 - (f) Teaching the general public (schools, scouts, clubs, or church groups) on any topic within the scope of the Paramedic practice. Up to 15 hours are creditable during a certification period for teaching classes.
 - (g) Viewing audiovisuals (films, videotapes, etc.) which illustrate and review proper emergency care procedures. The Paramedic must view the audiovisual material in the presence of a training officer. Up to 10 hours are creditable during a certification period using audiovisuals.
 - (h) Completing college courses in topics such as biology, chemistry, anatomy and physiology. Other college courses relating to the scope and practice of a paramedic may be creditable, but only with the approval of the Department. If in doubt, the Paramedic should contact the Department. Up to 10 hours are creditable during a certification period for college courses.
 - (i) Up to 16 hours of CPR training are creditable during a certification period.
 - (j) Computer and internet-based training that illustrates, drills, provides interactive use, or demonstrates proper emergency care procedures. The training must be approved by the Continuing Education Coordinating Board of Emergency Medical Services or the Department. Up to 25 hours are creditable during a certification period using computer

and internet-based training.

- (k) Completing tests related to the Paramedic scope of practice in EMS-related journals or publications. Up to 5 hours are creditable during a certification period for completing tests from journals and publications.
- (8) A Paramedic who is affiliated with an EMS organization should have the training officer from the EMS organization submit a letter verifying the Paramedic's completion of the recertification requirements. A Paramedic who is not affiliated with an agency must submit verification of all recertification requirements directly to the Department.
- (9) Each Paramedic is individually responsible to complete and submit the required recertification material to the Department. Each paramedic should submit all recertification materials to the Department at one time and no later than 30 days prior to the Paramedic's current certification expiration date. If the Department receives incomplete or late recertification materials, the Department may not be able to process the recertification before the certification expires. The Department processes recertification material in the order received. An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of a Paramedic; however, the Paramedic remains responsible for a timely and complete submission.
- (10) The department may shorten recertification periods. A paramedic whose recertification period is shortened must meet the CME requirements in each of the required and elective subdivisions on a prorated basis by the expiration of the shortened period.

R426-12-504. Paramedic Lapsed Certification.

- (1) An individual whose paramedic certification has lapsed for less than one year, and who wishes to become recertified as a paramedic must complete all recertification requirements and pay a recertification late fee.
- (2) An individual whose paramedic certification has expired for more than one year, and who wishes to become recertified as a paramedic may:
 - (a) submit a completed application, including social security number and signature to the Department;
 - (b) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;
 - (c) submit to the Department evidence of having completed 100 hours of Department-approved continuing medical education within the prior four years.
 - (d) submit a statement from a physician, confirming the applicant's results of a TB examination;
 - (e) submit verification of current completion of a Department-approved course in adult and pediatric advanced life support;
 - (f) submit a letter of recommendation including results of an oral examination, from a certified off-line medical director, verifying proficiency in paramedic skills;
 - (g) successfully complete the applicable Department written and practical examinations.
 - (h) pay all applicable fees.

R426-12-505. Paramedic Testing Failures.

- (1) If an individual fails the written or practical certification or recertification examination after two attempts, he may, within 30 days following mailing of written notification of this second failure, submit a written request to take the test a third time.

- (2) Within thirty days of receipt of the request, the Department shall convene a review panel consisting of:
 - (a) the chairman of the Paramedic Advisory Sub-Committee;
 - (b) the off-line medical director for the individual's EMS provider organization or a certified EMS training officer or certified EMS instructor who would take responsibility for a remediation plan;
 - (c) one or more representatives from the Department; and
 - (d) a representative from the entity that provided training, but if the training was not provided in-state, then a representative of an in-state paramedic training program.
- (3) The review panel shall allow the individual to appear and provide information.
- (4) The panel shall review whether a program of re-education and reexamination would likely result in successful completion of the examinations and shall recommend a course of action to the Department.
- (5) The Department shall consider the review panel's recommendation and provide one opportunity for reexamination if it determines that re-education and reexamination within that time would likely result in successful completion of the examinations.

R426-12-600. Emergency Medical Dispatcher (EMD).

- (1) The Department may certify as an EMD an individual who meets the initial certification requirements in R426-12-601.
- (2) The Committee adopts the 1995 United States Department of Transportation's "EMD Training Program: National Standard Curriculum" (EMD Curriculum) as the standard for EMD training and competency in the state, which is incorporated by reference.

R426-12-601. EMD Initial Certification.

- (1) The Department may certify EMD for a four year period.
- (2) An individual who wishes to become certified as an EMD must:
 - (a) successfully complete a Department-approved EMD course;
 - (b) be able to perform the functions listed in the EMD Curriculum as verified by personal attestation and successful accomplishment of all skills listed in the adopted EMD Curriculum;
 - (c) achieve a favorable recommendation from the course coordinator and course medical director stating technical competence and successful completion of all training requirements for EMD certification;
 - (d) maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;
 - (e) be 18 years of age or older;
 - (f) submit the applicable fees and a completed application, including social security number and signature, to the Department;
 - (g) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation; and
 - (h) within 90 days after completing the EMD course, successfully complete the Department written and practical EMD examinations, or reexaminations, if necessary.

- (3) The Department may extend the time limit in Subsection (2)(h) for an individual who demonstrates that the inability to meet the requirements within the 90 days was due to circumstances beyond the applicant's control.

R426-12-602. EMD Reciprocity.

- (1) The Department may certify as an EMD an individual certified outside of the State of Utah if the applicant can demonstrate the applicant's out-of-state training and experience requirements are equivalent or greater to what is required in Utah.
- (2) An individual seeking reciprocity for certification in Utah based on out-of-state training and experience must submit the applicable fees and a completed application, including social security number and signature, to the Department and within one year of submitting the application must:
 - (a) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;
 - (b) successfully complete the Department written EMD examination, or reexamination, if necessary;
 - (c) maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;
 - (d) submit a current certification from one of the states of the United States or its possessions or the National Academy of EMDs; and
 - (e) provide documentation of completion of 12 hours of continuing medical education within the prior year.
- (3) The Department may certify as an EMD an individual certified by the National Academy of Emergency Medical Dispatch (NAEMD).
- (4) An individual seeking reciprocity for certification in Utah based on NAEMD certification must submit the applicable fees and a completed application, including social security number and signature, to the Department and within one year of submitting the application must:
 - (a) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;
 - (b) as part of meeting the the EMD's continuing medical education requirements, take a minimum of a two-hour course in critical incident stress management (CISM);
 - (c) if the individual's NAEMD certification is based on a course offered in Utah, successfully pass a class that follows the CISM section of the Department-established EMD curriculum;
 - (d) maintain and submit documentation of having completed within the prior two years:
 - (i) a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater; and
 - (ii) a course in CISM; and
 - (e) submit documentation of current NAEMD certification.

R426-12-603. EMD Recertification.

- (1) The Department may recertify an EMD for a four year period or for a shorter period as modified by the Department to standardize recertification cycles.
- (2) An individual seeking recertification must:
 - (a) submit the applicable fees and a completed application, including social security number and signature, to the Department;
 - (b) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;
 - (c) maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater;
 - (d) successfully complete the applicable Department recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed.
 - (e) provide documentation of completion of 48 hours of Department-approved CME meeting the requirements of subsections (3), (4), and (5).
- (3) The EMD must complete the CME throughout each of the prior four years.
- (4) The EMD must take at least 8 elective hours and the following 40 required CME hours by subject:
 - (a) Roles and Responsibilities - 5 hours;
 - (b) Obtaining Information from callers - 7 hours;
 - (c) Resource allocation - 4 hours;
 - (d) Providing emergency care instruction - 2 hours;
 - (e) Legal and Liability Issues - 5 hours;
 - (f) Critical Incident Stress Management - 5 hours;
 - (g) Basic Emergency Medical Concepts - 5 hours; and
 - (h) Chief complaint types - 7 hours.
- (5) An EMD may complete CME hours through the methodologies listed in this subsection. All CME must be related to the required skills and knowledge of an EMD. Instructors need not be EMS instructors, but must be knowledgeable in the field of instruction . Limitations and special requirements are listed with each methodology.
 - (a) Workshops and seminars related to the required skills and knowledge of an EMD and approved for CME credit by the Department or the CECBEMS.
 - (b) Local medical training meetings.
 - (c) Demonstration or practice sessions.
 - (d) Medical training meetings where a guest speaker presents material related to emergency medical care.
 - (e) Actual hours the EMD is involved in community emergency exercise and disaster drills. Up to 8 hours are creditable during a recertification period for participation in exercises and drills.
 - (f) Teaching the general public (schools, scouts, clubs, or church groups) on any topic within the scope of the EMD practice.
 - (g) Viewing audiovisuals (films, videotapes, etc.) which illustrate and review proper emergency care procedures. The EMD must view the audiovisual material in the

presence of a training officer. Up to 10 hours are creditable during a certification period using audiovisuals.

- (h) Completing college courses relating to the scope and practice of an EMD may be creditable, but only with the approval of the Department. Up to 8 hours are creditable during a certification period for college courses.
 - (i) Telephone scenarios of practical training and role playing.
 - (j) Riding with paramedic or ambulance units to understand the EMS system as a whole. Up to 6 hours are creditable during a certification period for ride-alongs.
 - (k) Computer and internet-based training that illustrates, drills, provides interactive use, or demonstrates proper emergency care procedures. The training must be approved by the Continuing Education Coordinating Board of Emergency Medical Services or the Department. Up to 12 hours are creditable during a certification period using computer and internet-based training.
- (6) Notwithstanding the provisions of subsections (2), (3), (4), and (5), an EMD who has been certified or recertified by the National Academy of Emergency Medical Dispatch (NAEMD) may be recertified by the Department upon the following conditions:
- (a) the EMD must, as part of meeting the EMD's continuing medical education requirements, take a minimum of a two-hour course in critical incident stress management (CISM);
 - (b) an individual who takes a NAEMD course offered in Utah must successfully pass a class that follows the CISM section of the Department-established EMD curriculum;
 - (c) the individual must:
 - (i) submit the applicable fees and a completed application, including social security number and signature, to the Department;
 - (ii) submit to a background investigation, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation;
 - (iii) maintain and submit documentation of having completed within the prior two years a CPR course offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent or greater; and
 - (iv) submit documentation of current NAEMD certification.
- (7) Each EMD is individually responsible to complete and submit the required recertification material to the Department. Each EMD should submit all recertification materials to the Department at one time and no later than 30 days prior to the EMD's current certification expiration date. If the Department receives incomplete or late recertification materials, the Department may not be able to process the recertification before the certification expires. The Department processes recertification material in the order received. An EMS provider or an entity that provides CME may compile and submit recertification materials on behalf of an EMD; however, the EMD remains responsible for a timely and complete submission.

R426-12-604. EMD Lapsed Certification.

- (1) An individual whose EMD certification has expired for less than one year may complete all recertification requirements and pay a late recertification fee to become recertified.
- (2) An individual whose certification has expired for more than one year must take an EMD course and reapply as if there were no prior certification.

R426-12-605. EMD Testing Failures.

- (1) An individual who fails any part of the EMD certification written or practical examination may retake the EMD examination once without further course work.
 - (a) If the individual fails on the re-examination, he must take a complete EMD training course to be eligible for further examination.
 - (b) The individual may retake the course as many times as he desires, but may only take the examinations twice for each completed course.
- (2) If an EMD fails the written or practical recertification examination after two attempts, he may, within 30 days following notification in writing of this second failure, submit a written request to take the test a third time.
- (3) Within 30 days of receipt of the request, the Department shall convene a review panel consisting of:
 - (a) The training officer of the individual's EMS provider organization or a certified training officer who would take responsibility for a remediation plan; and
 - (b) one or more representatives from the Department.
- (4) The review panel shall allow the individual to appear and provide information regarding a remediation plan.
- (5) The hearing panel shall review whether a program of re-education and reexamination within 30 days would likely result in successful completion of the examinations and shall recommend a course of action to the Department.
- (6) The Department shall consider the review panel's recommendation and provide one opportunity for reexamination within 30 days of its decision if it determines that re-education and reexamination within that time would likely result in successful completion of the examinations.
- (7) If the Department does not allow the third examination, the EMD may file a request for agency action within 30 days of issuance of the Department's determination.

R426-12-700. Emergency Medical Services Instructor Requirements.

- (1) The Department may certify as an EMS Instructor an individual who:
 - (a) meets the initial certification requirements in R426-12-701; and
 - (b) has been certified in Utah EMS as an EMT-Basic, EMT-IV, EMT-Intermediate, Paramedic, or Dispatcher for 12 months.
- (2) The Committee adopts the 1995 United States Department of Transportation's "EMS Instructor Training Program: National Standard Curriculum" (EMS Instructor Curriculum) as the standard for EMS Instructor training and competency in the state, which is adopted and incorporated by reference.
- (3) An EMS instructor may only teach up to the certification level to which the instructor is certified. An EMS instructor who is only certified as an EMD may only teach EMD courses.
- (4) An EMS instructor must abide by the terms of the "EMS Instructor Contract," teach according to the contract, and comply with the teaching standards and procedures in the EMS Instructor Manual or EMD Instructor Manual as incorporated into the respective "EMS Instructor Contract" or "EMD Instructor Contract."
- (5) An EMS instructor must maintain the EMS certification for the level that the instructor is certified to teach.
- (6) The Department may waive a particular instructor certification requirement if the applicant can demonstrate that the applicant's training and experience requirements are equivalent or

greater to what are required in Utah.

R426-12-701. EMS Instructor Certification.

- (1) The Department may certify an individual who is an EMT-B, EMT-B-IV, EMT-I, paramedic, or EMD as an EMS Instructor for a two year period.
- (2) An individual who wishes to become certified as an EMS Instructor must:
 - (a) submit an application and pay all applicable fees;
 - (b) submit three letters of recommendation regarding EMS skills and teaching abilities;
 - (c) submit documentation of 15 hours of teaching experience;
 - (d) successfully complete all required examinations; and
 - (e) submit biennially a completed and signed "EMS Instructor Contract" to the Department agreeing to abide by the standards and procedures in the then current EMS Instructor Manual or EMD Instructor Manual.
- (3) An individual who wishes to become certified as an EMS Instructor to teach EMT-B, EMT-B-IV, EMT-I, or paramedic courses must also:
 - (a) provide documentation of 30 hours of patient care within the prior year;
 - (b) submit verification that the individual is recognized as a CPR instructor by the National Safety Council, the American Red Cross, or the American Heart Association; and
 - (c) successfully complete the Department-sponsored initial EMS instructor training course.
- (4) An individual who wishes to become certified as an EMS Instructor to teach EMD courses must also successfully complete the Department-sponsored initial EMS instructor training course.
- (5) The Department may waive portions of the initial EMS instructor training courses for previously completed Department-approved instructor programs.

R426-12-702. EMS Instructor Recertification.

An EMS instructor who wishes to recertify as an instructor must:

- (1) maintain current EMS certification;
- (2) attend the required Department-approved recertification training;
- (3) submit verification of 30 hours of EMS teaching experience in the prior two years;
- (4) if teaching an EMT-B, EMT-B-IV, EMT-I, or paramedic course, submit verification that the instructor is currently recognized as a CPR instructor by the National Safety Council, the American Red Cross, or the American Heart Association;
- (5) submit an application and pay all applicable fees;
- (6) successfully complete any Department-required examination; and
- (7) submit biennially a completed and signed "EMS Instructor Contract" to the Department agreeing to abide by the standards and procedures in the current EMS Instructor Manual.

R426-12-703. EMS Instructor Lapsed Certification.

- (1) An EMS instructor whose instructor certification has expired for less than two years may again become certified by completing the recertification requirements in R426-12-702 .
- (2) An EMS instructor whose instructor certification has expired for more than two years must complete all initial instructor certification requirements and reapply as if there were no prior certification.

R426-12-800. Emergency Medical Services Training Officer Requirements.

- (1) The Department may certify an individual as a training officer for a one year period.
- (2) A training officer must abide by the terms of the "Training Officer Contract" and comply with the standards and procedures in the Training Officer Manual as incorporated into the "Training Officer Contract."

R426-12-801. Emergency Medical Services Training Officer Certification.

- (1) individual who wishes to be certified as a training officer must:
 - (a) be currently certified as an EMS instructor;
 - (b) successfully complete the Department's course for new training officers;
 - (c) successfully complete any Department examinations;
 - (d) submit an application and pay all applicable fees; and
 - (e) submit annually a completed and signed "Training Officer Contract" to the Department agreeing to abide by the standards and procedures in the then current Training Officer Manual.
- (2) A training officer must maintain EMS instructor certification to retain training officer certification.

R426-12-802. Emergency Medical Services Training Officer Recertification.

A training officer who wishes to recertify as a training officer must:

- (1) attend a training officer seminar every year;
- (2) maintain current EMS instructor certification;
- (3) submit an application and pay all applicable fees;
- (4) successfully complete any Department-examination requirements; and
- (5) submit annually a completed and signed new "Training Officer Contract" to the Department agreeing to abide to the standards and procedures in the then current training officer manual.

R426-12-803. Emergency Medical Services Training Officer Lapsed Certification.

A training officer whose training officer certification has expired must complete all initial training officer certification requirements and reapply as if there were no prior certification.

R426-12-900. Course Coordinator Certification.

- (1) The Department may certify an individual as a course coordinator for a one year period.
- (2) A course coordinator must abide by the terms of the "Course Coordinator Contract" and comply standards and procedures in the Course Coordinator Manual as incorporated into the "Course Coordinator Contract."

R426-12-901. Course Coordinator Certification.

An individual who wishes to certify as a course coordinator must:

- (1) be certified as an EMS instructor for one year;
- (2) be an instructor of record for at least one Department-approved course;
- (3) have taught a minimum of 15 hours in a Department-approved course;
- (4) have co-coordinated one Department-approved course with a certified course coordinator;
- (5) submit a written evaluation and recommendation from the course coordinator in the co-coordinated course;
- (6) complete certification requirements prior to application to the Department's course for new course coordinators;

- (7) submit an application and pay all applicable fees;
- (8) complete the Department's course for new course coordinators;
- (9) successfully complete all examination requirements;
- (10) sign and submit annually the "Course Coordinator Contract" to the Department agreeing to abide to the standards and procedures in the then current Course Coordinator Manual; and
- (11) maintain EMS instructor certification.

R426-12-902. Course Coordinator Recertification.

A course coordinator who wishes to recertify as a course coordinator must:

- (1) maintain current EMS instructor certification;
- (2) coordinate or co-coordinate at least one Department-approved course every two years;
- (3) attend a course coordinator seminar every year;
- (4) submit an application and pay all applicable fees;
- (5) successfully complete all examination requirements; and
- (6) sign and submit annually a Course Coordinator Contract to the Department agreeing to abide to the policies and procedures in the then current Course Coordinator Manual.

R426-12-903. Emergency Medical Services Course Coordinator Lapsed Certification.

A course coordinator whose course coordinator certification has expired must complete all initial course coordinator certification requirements and reapply as if there were no prior certification.

R426-12-1000. Paramedic Training Institutions Standards Compliance

- (1) A person must be authorized by the Department to provide training leading to the certification of a paramedic.
- (2) To become authorized and maintain authorization to provide paramedic training, a person must:
 - (a) enter into the Department's standard paramedic training contract; and
 - (b) adhere to the terms of the contract, including the requirement to provide training in compliance with the Course Coordinator Manual and the Utah Paramedic Training Program Accreditation Standards Manual.

R426-12-1100. Course Approvals.

A course coordinator offering EMS training to individuals to become certified must obtain Department approval prior to initiating an EMS training course. The Department shall approve a course if:

- (1) the applicant submits the course application and fees no earlier than 90 days and no later than 30 days prior to commencing the course;
- (2) the applicant has sufficient equipment available for the training or if the equipment is available for rental from the Department;
- (3) the Department finds that the course meets all the Department rules and contracts governing training;
- (4) the course coordinators and instructors hold current respective course coordinator and EMS instructor certifications; and
- (5) the Department has the capacity to offer the applicable examinations in a timely manner after the conclusion of the course.

R426-12-1200. Off-line Medical Director Requirements.

- (1) The Department may certify an off-line medical director for a four year period.
- (2) An off-line medical director must be:
 - (a) a physician actively engaged in the provision of emergency medical care;
 - (b) familiar with the Utah EMS Systems Act, Title 26, Chapter 8a, and applicable state rules; and
 - (c) familiar with medical equipment and medications required under "R426 Equipment, Drugs and Supplies List."

R426-12-1201. Off-line Medical Director Certification.

- (1) An individual who wishes to certify as an off-line medical director must:
 - (a) have completed an American College of Emergency Physicians or National Association of Emergency Medical Services Physicians medical director training course or the Department's medical director training course within twelve months of becoming a medical director;
 - (b) submit an application and;
 - (c) pay all applicable fees.
- (2) An individual who wishes to recertify as an off-line medical director must:
 - (a) retake the medical director training course every four years;
 - (b) submit an application; and
 - (c) pay all applicable fees.

R426-12-1300. Refusal, Suspension or Revocation of Certification.

- (1) The Department shall exclude from EMS certification an individual who may pose an unacceptable risk to public health and safety, as indicated by his criminal history. The Department shall conduct a background check on each individual who seeks to certify or recertify as an EMS personnel, including an FBI background investigation if not a Utah resident for the past consecutive five years; however a Utah resident whose reason for being out of state was due to being a foreign exchange student or serving a religious mission, in the military, as a Peace Corps volunteer, or the like need not submit to the FBI background investigation.
 - (a) An individual convicted of certain crimes presents an unreasonable risk and the Department shall deny all applications for certification or recertification from individuals convicted of the following crimes:
 - (i) Sexual misconduct if the victim's failure to affirmatively consent is an element of the crime, such as forcible rape.
 - (ii) Sexual or physical abuse of children, the elderly or infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
 - (iii) Abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant, if the victim is an out-of-hospital patient or a patient or resident of a health care facility.
 - (iv) Crimes of violence against persons, such as aggravated assault, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree; or arson; or attempts to commit such crimes.
 - (b) Except in extraordinary circumstances, established by clear and convincing evidence that certification or recertification will not jeopardize public health and safety, the Department shall deny applicants for certification or recertification in the following

categories:

- (i) Persons who are convicted of any crime not listed in (a) and who are currently incarcerated, on work release, on probation or on parole.
- (ii) Conviction of crimes in the following categories, unless at least three years have passed since the conviction or at least three years have passed since release from custodial confinement, whichever occurs later:
 - (A) Crimes of violence against persons, such as assault
 - (B) Crimes defined as domestic violence under Section 77-36-1;
 - (C) Crimes involving controlled substances or synthetics, or counterfeit drugs, including unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act; and
 - (D) Crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud.
- (c) The Department may deny certification or recertification to individuals convicted of crimes, including DUIs, but not including minor traffic violations chargeable as infractions after consideration of the following factors:
 - (i) The seriousness of the crime.
 - (ii) Whether the crime relates directly to the skills of prehospital care service and the delivery of patient care.
 - (iii) Amount of time that has elapsed since the crime was committed.
 - (iv) Whether the crime involved violence to or abuse of another person.
 - (v) Whether the crime involved a minor or a person of diminished capacity as a victim.
 - (vi) Whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust.
 - (vii) Total number of arrests and convictions.
 - (viii) Whether the applicant was truthful regarding the crime on his/her application.
- (2) Certified EMS personnel must notify the Department of any arrest, charge, or conviction within 30 days of the arrest, charge or conviction.
- (3) The Department may require EMS personnel to submit to a background examination or a drug test upon Department request.
- (4) The Department may refuse to issue a certification or recertification, or suspend or revoke a certification, or place a certification on probation, for any of the following causes:
 - (a) any of the reasons for exclusion listed in Subsection (1);
 - (b) a violation of Subsection (2);
 - (c) a refusal to submit to a background examination pursuant to Subsection (3);
 - (d) habitual or excessive use or addiction to narcotics or dangerous drugs;
 - (e) refusal to submit to a drug test administered by the individual's EMS provider organization or the Department;
 - (f) habitual abuse of alcoholic beverages or being under the influence of alcoholic beverages while on call or on duty as an EMS personnel or while driving any Department-permitted vehicle;
 - (g) failure to comply with the training, certification, or recertification requirements for the certification;
 - (h) failure to comply with a contractual agreement as an EMS instructor, a training officer, or a course coordinator;

- (i) fraud or deceit in applying for or obtaining a certification;
 - (j) fraud, deceit, incompetence, patient abuse, theft, or dishonesty in the performance of duties and practice as a certified individual;
 - (k) unauthorized use or removal of narcotics, drugs, supplies or equipment from any emergency vehicle or health care facility;
 - (l) performing procedures or skills beyond the level of certification or agency licensure ;
 - (m) violation of laws pertaining to medical practice, drugs, or controlled substances;
 - (n) conviction of a felony, misdemeanor, or a crime involving moral turpitude, excluding minor traffic violations chargeable as infractions;
 - (o) mental incompetence as determined by a court of competent jurisdiction;
 - (p) demonstrated inability and failure to perform adequate patient care;
 - (q) inability to provide emergency medical services with reasonable skill and safety because of illness, drunkenness, use of drugs, narcotics, chemicals, or any other type of material, or as a result of any other mental or physical condition, when the individual's condition demonstrates a clear and unjustifiable threat or potential threat to oneself, coworkers, or the public health, safety, or welfare that cannot be reasonably mitigated; and
 - (r) misrepresentation of an individual' s level of certification;
 - (s) failure to display state-approved emblem with level of certification during an EMS response, and
 - (t) other or good cause, including conduct which is unethical, immoral, or dishonorable to the extent that the conduct reflects negatively on the EMS profession or might cause the public to lose confidence in the EMS system.
- (5) (a) The Department may suspend an individual for a felony or misdemeanor arrest or charge pending the resolution of the charge if the nature of the charge is one that, if true, the Department could revoke the certification under subsection (1); and
- (b) The Department may order EMS personnel not to practice when an active criminal or administrative investigation is being conducted.

R426-12-1400 . Penalties.

As required by Subsection 63-46a-3(5): Any person that violates any provision of this rule may be assessed a civil money penalty not to exceed the sum of \$5,000 or be punished for violation of a class B misdemeanor for the first violation and for any subsequent similar violation within two years for violation of a class A misdemeanor as provided in Section 26-23-6.

KEY: emergency medical services 2002 26-8a-302

Attachment 1 EMT-IA Clinical Requirements Tracking Form

Student: _____ Course # _____

This is the requirements for clinical experience for both field and hospital clinical experience.

The tracking of all completed clinical requirements are kept on this form.

Instructions: Once a clinical or field tracking sheet has been completed and the EMT-IA student has successfully completed the requirement, then the course coordinator initials off each box. Each box represents one successful completion. Only the course coordinator can sign off this sheet. The appropriate preceptor completes documentation of successful completion of the requirement. There are various forms for evaluation of the students clinical experience

The following goals must be successfully accomplished within the context of the learning environment. Clinical and field experiences should occur after the student has demonstrated competence in skills and knowledge in the didactic and laboratory components of the course. All requirements must be on actual live patients except for the intubation, which can be done on a cadaver. Some categories can be counted more than once. For example, if a student, during their field internship, encounters a patient with chest pain who was 68 years old and started an IV, the student would obtain credit for a specific complaint, age and skill. The established IV; chest pain assessment; treatment plan must be observed or evaluated and the patient age group credit recorded.

Once all boxes have been initialed, then the student and the course coordinator sign the bottom of the form acknowledging the statement.

Initials of Course Coordinator

Requirement	1	2	3	4	5
Medication Administration via IV on 5 people					
Medication Administration via SQ on 5 people					
Medication Administration via IM on 5 people					
Intubate 5 humans patients (can be cadavers)					
IV Related Skills: perform 8 IV canulations					
Set-up, venipuncture technique, drip rate					
IV cont.					
Ventilate 20 patients					
ventilation cont.					
ventilation cont.					
ventilation cont.					
ventilation cont.					
Patient Assessment on 15 pediatric patients					
pediatric assessments cont.					
pediatric assessments cont.					
Patient Assessment on 25 adult patients					
patient assessments cont.					
patient assessments cont.					
patient assessments cont.					
patient assessments cont.					
Patient Assessment on 15 geriatric patients					
patient assessments cont.					

patient assessments cont.					
Patient assessment on 5 obstetric patients					
Patient assessment on 15 trauma patients					
trauma assessments cont.					
trauma assessments cont.					
Patient assessment on 10 psychiatric patients					
psychiatric assessments cont.					
Perform an advanced assessment, formulate and implement a treatment plan for 15 patients with chest pain.					
chest pain cont.					
chest pain cont.					
Perform an advanced patient assessment, formulate and implement a treatment plan on at least 10 adult patients with dyspnea/respiratory distress					
dyspnea/respiratory distress					
Perform an advanced patient assessment, formulate and implement a treatment plan on at least 4 pediatric patients (including infants, toddlers, and school age) with dyspnea/respiratory distress					
Perform an advanced patient assessment, formulate and implement a treatment plan on at least 5 patients with syncope					
Perform an advanced patient assessment, formulate and implement a treatment plan on at least 10 patients with abdominal complaints					
abdominal complaints cont.					
Perform an advanced patient assessment, formulate and implement a treatment plan on at least 10 patients with neurological problems.					
neurological problems.complaints cont.					
Serve as the team leader for at least 25 prehospital emergency responses					
team leader cont.					
team leader cont.					
team leader cont.					
team leader cont.					
EKG Recognition on 15 patients					
EKG Recognition cont.					
EKG Recognition cont.					

The above named student has successfully completed each of the above clinical and field requirements in accordance with the EMT-IA National Standard Curriculum, Utah Revised, the Teaching and Testing Protocols, and Bureau of Emergency Medical Services policies. He/she has demonstrated knowledge and skill proficiency to me and the preceptors, and meets all other requirements for certification.

Course Coordinator Name (printed)

Course Coordinator Signature

Date

I _____, have successfully completed all requirements for the clinical and field experience outlined above. I have received at least an acceptable rating on all of the signed off areas.